

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report 01/10/2020

Auditor Information

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Company Name: TBernhards Correctional Consulting

Mailing Address: 55079 Fesner Lane

City, State, Zip: Glenwood, IA 51534

Telephone: 402-689-8434

Date of Facility Visit: 6/7/19

Agency Information

Name of Agency:

Johnson County Jail

Governing Authority or Parent Agency (If Applicable):

Johnson County Sheriff's Department

Physical Address: 511 S. Capital St.

City, State, Zip: Iowa City, Iowa 52244

Mailing Address: 511 S. Capital St.

City, State, Zip: Iowa City, Iowa 52244

Telephone: 319-356-6020

Is Agency accredited by any organization? ☐ Yes ☒ No

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☒ County

☐ State

☐ Federal

Agency mission:

The mission of the Sheriff's Office is to provide citizens with the highest level of law enforcement in a fair and equitable manner. It is our hope that the members of our community will trust us to respond with respect and compassion in their time of need. It is our goal to work proactively with our citizens to keep Johnson County a safe place to live and work.

Agency Website with PREA Information: http://johnson-county.com/dept_sheriff.

Agency Chief Executive Officer

Name: Lonny Pulkrabek

Title: Sheriff

Email: lpulkrab@co.johnson.ia.us

Telephone: 319-356-6020

Agency-Wide PREA Coordinator

Name: John Good

Title: Captain

Email: jgood@co.johnson.ia.us		Telephone: 319-356-6020	
PREA Coordinator Reports to: Sheriff Pulkrabek		Number of Compliance Managers who report to the PREA Coordinator 1	
Facility Information			
Name of Facility: Johnson County jail			
Physical Address: 511 S. Capital St, Iowa City, Iowa 52244			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 319-356-6020			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail		<input type="checkbox"/> Prison
Facility Mission: Same as Sheriff's Office Mission.			
Facility Website with PREA Information: https://www.johnson-county.com			
Warden/Superintendent			
Name: William Deatsch		Title: Captain/Jail Administrator	
Email: bdeatsch2@co.johnson.ia.us		Telephone: 319-356-6020	
Facility PREA Compliance Manager			
Name: John Good		Title: Lieutenant	
Email: jgood@co.johnson.ia.us		Telephone: 319-356-6020	
Facility Health Service Administrator			
Name: NA		Title: NA	
Email: NA		Telephone: NA	
Facility Characteristics			
Designated Facility Capacity: 92		Current Population of Facility: 71	
Number of inmates admitted to facility during the past 12 months			5196
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			306

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1003	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: NA	Adults: 18-65	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		4 days	
Facility security level/inmate custody levels:		Maximum, Medium, Minimum	
Number of staff currently employed by the facility who may have contact with inmates:		39	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		3	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		0	
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 2	
Number of Multiple Occupancy Cell Housing Units:		9	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		6	
<p>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</p> <p>The jail reported having 63 cameras installed at the facility. Of those, 56 are installed in the interior of the building. Two of these are in the lower level of the building. Seven are installed on the exterior of the building. Interior cameras are installed in each cell block, all hallways, intake/booking areas, visiting area, visitor lobby area, recreation, and kitchen areas. There are 3 PTZ cameras on the outside of the building. Cameras are also installed in the garage. It was reported that the camera footage is retained for approximately 30 days.</p>			
Medical			
Type of Medical Facility:		General exam room with minimal equipment.	
Forensic sexual assault medical exams are conducted at:		The nearest local hospital where a SAFE/SANE is available is at the University of Iowa Hospitals and Clinics. The hospital is approximately 1 mile from the facility.	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		31	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		4	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

A Prison Rape Elimination Act (PREA) audit was conducted at the Johnson County Jail 6/7/19. The facility is a county jail located on the second floor of the Johnson County Sheriff's office building at 511 S. Capital St. in Iowa City, Iowa. The audit was conducted by United States Department of Justice certified PREA auditor Trish Brockman-Bernhards. The auditor was contracted to conduct the audit. This was the facility's second PREA audit. The first PREA audit was conducted 1/19/16 thru 1/21/16.

Pre-Onsite Audit Phase

On 03/14/19 the auditor spoke with the Johnson County Jail PREA Coordinator via conference call. The discussion included inquiry regarding:

1. The secure thumb drive containing the Pre-Audit Questionnaire (PAQ) and facility and agency documentation. The secure thumb drive was received on 3/21/19. There was minimal information and documentation on the secure thumb drive. New policies were also provided that were still in draft form.
2. The posting of the PREA audit notices as recommended by the PREA Auditor Handbook
 - Posting the notices in English and Spanish at least six weeks prior to the onsite review throughout the facility in places where they would be visible for inmates and staff to view; Examples of areas included living units, segregation units, recreation areas, medical area, entry area of jail for public to see, visiting area.
 - Discussed the PREA postings needing posted throughout the facility with the auditor's address. This auditor did not receive any inmate correspondence.
 - Placing the notices on colored paper and in large text for easy reading.
 - Once a final date is set for the onsite audit, if possible, emailing date-stamped photographs of the audit notices and their placements throughout the jail after they had been

posted.

3. As requested of the National PREA Resource Center/Impact Justice, the facilities rated capacity and average daily population for the month of 05/19.

Thru email correspondence, a conference call with the Jail Administrator, PREA Coordinator and the agency PREA Administrator was scheduled for 06/04/19. This conference call took place as scheduled. The auditor shared the tentative schedule of the PREA audit that would take place. The lead auditor advised an additional email will be sent once the PAQ was reviewed if additional information was needed. Notices to the inmate population, staff and visitors were posted on 12" x 16" paper in English and Spanish. The words on the notices were of varied print and coloring. Postings were found in abundance throughout the facility.

The lead auditor notified the PREA Coordinator that the flash drive was received on 03/21/19. The thumb drive contained the facility's PAQ, minimal policies and procedures and almost no supporting documentation related to the PREA audit. These documents were reviewed by the lead auditor.

On 06/02/19, the lead auditor emailed documents to the PREA Coordinator. Those documents consisted of the following. The information/documentation was requested to be received upon my arrival in Iowa City on 06/07/19.

1. PREA Agenda for the audit week
2. Interview Preparation Sheet
 - Hours of each security shift
 - Employees assigned to Sheriff's office
 - Agency head (designee)
 - Investigator(s)
 - PREA coordinator
 - Employees assigned to the unit (name, title, working hours, shift)
 - Specialized Staff
 - Lists needed to appropriately plan and conduct PREA interviews
 - Staff (alphabetically and by department, shift and days off)
 - Medical staff by titles/shift (full and part-time)
 - Mental health staff by title (full and part-time)
 - Staff who perform screening for risk of victimization and abusiveness
 - Staff who supervise offenders in segregated housing
 - Intermediate/Higher-Level Facility Staff (that conduct unannounced rounds)
 - Security staff and non-security staff who have acted as first responders
 - Intake staff
 - Non-medical staff involved in cross-gender strip or visual searches
 - Volunteers who have contact with offenders

- Contractors who have contact with offenders
- Mailroom staff
- IT staff
- Offender roster (alphabetically and by housing unit)
- Youthful offenders. N/A if no youthful offenders were housed at facility.
- Physically disabled, cognitively disabled, blind, deaf or hard of hearing, and limited English proficient offenders (please specify which):
- Transgender and intersex offenders; gay, lesbian, and bisexual offenders (please specify which)
- Offenders in segregated housing (for risk of sexual victimization)
- Offenders who reported a sexual abuse
- Offenders who disclosed sexual victimization during risk screening
- Physical location of records (If onsite at jail-name of department; If not onsite, the location and distance from the jail)
 - Employee training
 - Employee/human resources
 - Criminal background checks (employee and contractor)
 - Volunteer and contractor PREA Training
 - Offender medical
 - Offender mental health
 - Offender grievances
 - Offender PREA intake screenings/reassessments
 - Offender PREA education (intake/comprehensive within 30 Days)
 - Sexual abuse, sexual harassment and retaliation investigations- administrative (staff-on-offender and offender-on-offender)
 - Sexual abuse, sexual harassment and retaliation investigations- criminal (staff-on-offender, offender-on-offender)

3. PREA Investigations Request (06/01/18 – 05/31/19)

- Staff-on-offender allegations of sexual abuse and sexual harassment
- Offender-on-offender allegations of sexual abuse and sexual harassment
- Overview of administrative and criminal cases and dispositions
 - Pending cases
 - Closed cases
 - Substantiated cases
 - Unsubstantiated cases
 - Unfounded cases
 - Criminal cases referred to prosecutor
 - Prosecutor refused
 - Indictment
 - Conviction
 - Acquittal
- Offender Grievances (06/01/18 – 05/31/19)

- All grievances
 - Grievance allegations of sexual abuse
 - Grievance allegations of sexual harassment
 - Total Number of Hotline Calls (06/01/18 – 05/31/19)
4. Pre-Audit Questionnaire Information/Documentation Requests (29 pages)
- Request for additional information
 - Request for additional documentation
- This document contained questions and requests for additional clarification as well requests for additional documentation based upon the review of the secure thumb drive.

The lead auditor received most of the requested documentation/information upon arrival on 06/07/19. The PREA Investigations Request (06/01/18 – 05/31/19) was complete and the Pre-Audit Questionnaire Information/ Documentation Request (29 pages) documentation received was mostly complete.

Research

Prior to the pre-onsite audit phase, the lead auditor conducted internet searches on the facility and reviewed their website. The lead auditor also reviewed the mandatory reporting laws for the State of Iowa. The prior PREA report was also reviewed. Just Detention International was contacted to determine if the agency had received any complaints from the jail in the past 12 months. No reports were found on the Johnson County Iowa Jail.

The auditor requested the telephone number and name of a representative at the hospital they use for forensic medical examinations of alleged sexual abuse victims. The auditor was provided with a telephone number. The auditor spoke with the Johnson County Sexual Assault Response Team Coordinator who oversees the SAFE/SANE services at the two hospitals in Iowa City. She explained that there is a SAFE/SANE available 24/7 with an approximate 30 minute response time to either hospital in Iowa City. Inmates at any jail or prison are afforded the treated as any other patient. When a patient arrives at the emergency room, a victim advocate is contacted by the E.R. staff. It is the Victim Advocate's responsibility to contact the SAFE/SANE. If the patient requests, the advocate may be present during the exam. The Rape Victim Advocate Program (RVAP) offers follow up services with the victim if requested also. They provide information to the inmate about how to contact an advocacy center and share additional advocacy information that is available to them.

The Coordinator reported that there had not been any SAFE/SANE exams conducted on any inmates from the Johnson County Jail.

The inmate is provided testing for sexually transmitted diseases (STD), sexually

transmitted infections (STI) and human immunodeficiency virus (HIV). The testing could also be provided by medical staff at the facility. There is no charge to the inmate for any medical procedures or testing related to a sexual abuse. The jail would also provide follow up mental health services with Johnson County Jail Alternatives Counselor who is a licensed mental health professional. Initial examination reports from the emergency room are sent back with the escorting staff for the medical staff at the facility. Forensic results from the Division of Criminal Investigation crime lab and results are communicated to the Johnson County Detective Bureau.

The Rape Victim Advocacy Program (RVAP) in Iowa City was contacted. They reported they provide advocacy service to inmates if requested. Johnson County Jail also has a qualified advocate that provides advocacy services if an inmate request.

Inmates have multiple methods to report incidents of sexual abuse, sexual assault and sexual harassment outside the facility. Inmates can also report incidents of retaliation through the same manner. The Rape Victim Advocacy Program (RVAP) was contacted to determine if they had received any complaints related to sexual abuse, sexual harassment and retaliation from the Johnson County Jail in the past 12 months. They reported they have not received any complaints from any inmates at the Johnson County Jail. In addition, inmates can also contact the National Sexual Assault Hotline through the toll-free hotline number.

Inmates can speak to the Jail Administrator, any jail staff, a jail staff shift supervisor, one of the Jail Alternatives staff, the Ombudsman's office or their attorney. They can also send written correspondence to any of these people.

Onsite Review

The Johnson County Jail is located in Johnson County, Iowa in the heart of Iowa City, Iowa. The address is 511 South Capitol Street, Iowa City, Iowa 52244. The jail is located on the second floor of the Johnson County Sheriff's Office. The jail opened in 1981 with the last renovation/addition being completed in 2011. The new renovation was an additional booking and holding area on the lower level of the building. This area is utilized for overflow holding and an additional booking area. The main jail is a linear design facility and is comprised of nine (9) cell blocks. The main intake and holding area is located on the second floor of the building in the main jail area for inmates awaiting their initial appearance before a judge. Cell blocks are located on the outer perimeter of the hallway while the staff control center, office areas, food service, laundry, exercise and visitation are located on the interior of the hallway. Inmates do not freely move throughout the jail. If there is reason for an inmate to be out of a cellblock, the inmate is under escort and a radio transmission is made regarding the escort. The male and female

cellblocks are on opposite sides of the building. Female staff escort female inmates and male staff escort male inmates.

The Johnson County Jail houses maximum, medium and minimum custody level inmates. The designed capacity of the jail is 92 inmates as set by jail standards of the State of Iowa. The population on the day of the audit was 71. The majority of the inmate population are held on pre-trial status. There were 44 inmates being housed at another county jail that the Johnson County Jail has a contract with. There are no consent agreements or mandates by any federal, state, local or court in place and there are no pending actions.

There are nine cellblocks that are all double-occupancy equipped with toilets and showers. One of the nine cell blocks is for female pretrial detainees. Seven of the cell blocks are for pretrial male detainees while the last cell block is for sentenced inmates. There are single occupancy cells (Holding 1, 2,3,5,6 & 7) available for the purposes of segregation if necessary. The inmates have access to the commons area of the cellblock throughout the day. The commons are equipped with tables, chairs, telephones and televisions. Single person showers are located in the Commons area of each cellblock. In addition to the cell blocks, the facility also contains a small indoor recreation area, visitation area, kitchen, administrative offices, laundry room, medical clinic room and a control center.

The auditor used the National PREA Resource Center, PREA Compliance Instrument- Instructions for PREA Audit Tour document when conducting the onsite review. Examples of areas visited included all cell blocks, visiting area, indoor recreation area, kitchen, laundry room, medical clinic and control center.

The lead auditor observed numerous PREA auditor notices posted (large print, colorful and in Spanish), supervision of inmates, cameras, blind spots, privacy and lines of sight for showers and restrooms, online files, offender reporting information, emotional support information, opposite gender announcements and grievance processes. Staff and inmates were asked questions throughout the onsite review in efforts to determine their views on sexual safety, staff unannounced rounds, the knowledge of offender reporting, training, etc. A total of 25(3 non-security staff, 9 security staff and 14 inmates) unofficial interviews were conducted during the onsite audit.

The PREA audit opening was conducted by the PREA auditor. The newly appointed Jail Captain/PREA Coordinator and newly promoted Lieutenant, were present during the opening. The lead auditor discussed the PREA process, the PREA auditor handbook and the agenda for the onsite visit. After the opening and during the remainder of the on-site audit, interviews and file reviews were conducted as well as the review of additional areas of the facility. The auditor met with the PREA

Administrator and Jail Administrator prior to departing the jail to discuss any concerns they had.

The facility reported having 63 cameras installed at the facility. The jail reported having 63 camera installed at the facility. Of those, 56 are installed in the interior of the building. Two of these are in the lower level of the building. Seven are installed on the exterior of the building. Interior cameras are installed in each cell block, all hallways, intake/booking areas, lobby area, recreation room and kitchen. Of the camera installed in the cell block, ten are located in actual cells. Staff working in the Control Center have the ability to pull a camera up by listening to a sound alarm or intentionally move the cameras to the main screen. In both of these situations, staff of the opposite gender are able to view an inmate performing bodily functions and changing clothing. The staff assigned to the Control Center are female staff members but male staff are often in the area and have the ability to view the camera screens also. The facility reported the camera footage was retained for approximately 30 days.

Staff Interviews

The *PREA Auditor Handbook* requires auditors to interview at least 12 random sample of staff. The lead Auditor conducted 12 random sample staff interviews. The auditor interviewed at least three employees per shift, staff from a diverse cross-section of work assignments, supervisors and line staff, males and females and staff of various races. There were two security shifts. The hours for each shift were 0700-1900 hours and 1900-0700 hours. Core hours for non-shift staff was 0800 hours to 1630 hours. The facility reported 39 staff were employed at the jail. Private interviews with staff were conducted in the Jail Administrator's office.

Forty-two targeted employee/volunteer interviews were conducted. It is important to note that several employees were interviewed for multiple categories due to the minimal number of staff employed at the jail wearing many different hats. Targeted staff were selected based upon their subject matter expertise in the various areas. Private interviews were conducted in the Jail Captain's Office. The Johnson County Sheriff is considered the agency head. He was not available for an in-person interview; however, a telephone interview was conducted with him after the onsite review. The agency does not have contract administrators. Any contracts that the Johnson County Jail has with other county jails is coordinated and overseen by the Jail Captain with ultimate approval by the Sheriff. The Johnson County Jail does not house youthful offenders; therefore, interviews for line staff who supervise youthful offenders and education and program staff who work with youthful offenders were not conducted. An interview was also not conducted with the infrastructure technology (IT) staff as the IT position is a county employee assigned to all county departments and was not available at the

time of the audit.

The PAQ and subsequent interviews indicated there was only one contractor (medical staff) and 31 facility volunteers who may have contact with offenders. The medical provider (PA Dave Walz) is contracted through the University of Iowa Hospital and Clinics. He was interviewed and three volunteers were interviewed.

All staff interviews were conducted with the guidance of the *National PREA Resource Center, PREA Compliance Audit Instruments - Interview Guide*. The *Interview Preparation Sheet* and employee rosters received when arriving onsite assisted the lead auditor with the selection process for the random and targeted staff. A detailed list and quantity of staff interviewed are noted below.

Staff Categories	Number of Interviews Conducted
Random sample of staff	12
Facility PREA staff:	
• Agency head or designee/	1
• Jail Captain-previous PREA Coord.	1
• PREA coordinator-previous/current (very recent promotions)	2
• PREA compliance Manager	0
Specialized staff:	
• Agency contract administrator	0
• Intermediate- or higher- level facility staff	1
• Medical staff	1
• Mental health staff	1
• Non-medical staff involved in Cross-gender strip or visual searches	0
• Administrative (human resources) staff	1
• SAFE/SANE Nurse-University of Iowa Hospital and Clinics	1
• Volunteers	3
• Contractors	0
• Investigative staff- Johnson County Sheriff's Dept. Detective	1
• Investigative Staff-Administrative-all investigations completed by Detectives	0
• Staff who perform screening for risk of victimization and abusiveness	1

• Staff who supervise offenders in segregation unit	0
• Staff of the sexual incident review team	4
• Designated staff member charged with monitoring retaliation	2
• First responders (security)	2
• First responders (non-security)-CC Operators	2
• Intake staff	1
• Grievance staff-Lt.	1
• Mailroom staff	0
• Director of volunteers-shared duty of Jail Captain & Lt.	2
• Unit classification committee staff	0
• Maintenance staff	0
• Victim advocate/offender victim representative	1
• Advocacy center staff-RVAP	1
Total random staff interviewed	12
Total agency and unit PREA staff	4
Total specialized interviewed	26
Total staff Interviewed	42

Offender Interviews

The inmate count on the first day of the audit was 71. The *PREA Auditor Handbook* requires auditors to interview at least 8 random sample of inmates. The auditor conducted 10 random sample of inmate interviews. The initial system the auditor used for the selection of these inmates was to select the sixth inmate from the inmate cell block assignment list provided. If the fifth inmate was no longer at the facility, the sixth inmate was selected from the list. On a few occasions, randomly selected inmates also fit the criteria of a targeted inmate interview so the next inmate was selected. Inmates were interviewed from each cell block and included inmates of various races.

The *PREA Auditor Handbook* requires auditors to interview at least 8 targeted inmates. The facility only had six inmates who met the criteria for being identified as an inmate to interview for a targeted interview. Due to the number of identified targeted interview inmates not being assigned at the jail, this auditor added two additional random inmate interviews. The facility staff reported they did not have the following targeted inmate categories housed at their facility during the onsite review. As a result, these categories of inmates were not interviewed.

- Youthful offenders

- Offenders in restrictive housing for high risk of sexual victimization

All inmate interviews were conducted with the guidance of the *National PREA Resource Center, PREA Compliance Audit Instruments - Interview Guide*. The *Interview Preparation Sheet* and inmate rosters received when arriving onsite assisted the auditor with the selection process for the random and targeted inmates. Private interviews with inmates were conducted from each cell block. A detailed list and quantity of inmates interviewed are noted below.

Offender Categories	Number of Interviews Conducted
Random sample of offenders:	10
Targeted offenders:	
• Youthful offenders	0
• Offenders with a physical disability	1
• Offenders who are blind, deaf, or hard of hearing	1
• Offenders who are limited English proficient	3
• Offenders with a cognitive disability	0
• Offenders who identify as lesbian, gay, or bisexual	0
• Offenders who identify as transgender or intersex	0
• Offenders in segregated housing for high risk of sexual victimization	0
• Offenders in segregation housing (not for high risk of sexual victimization)	0
• Offenders who reported sexual abuse	1
• Offenders who reported sexual victimization during risk screening	0
Total random offenders interviewed	10
Total targeted offenders interviewed	6
Total offenders interviewed	16

File Review

Based upon the information provided on the *PREA Audit Request for Information and Johnson County Jail Investigations* the auditor was able to determine the unit had 0 sexual abuse allegations and 4 sexual harassment allegations for the period of 6/01/18 to 05/31/19. Of the 4 sexual harassment allegations, 2 were against

another inmate and 2 were against staff. Of the four sexual harassment allegations, all were found to be unfounded. The four cases of Sexual Harassment were investigated by the Johnson County Sheriff's Office Detective Bureau.

The auditor was able to review and receive copies of the sexual harassment investigations. Four administrative sexual harassment cases were reviewed. These were all of the investigative reports. The auditor needed to review all of the required steps and processes to verify compliance with numerous PREA Standards.

Inmate grievances are maintained by the Jail Captain and then uploaded into the File Nexus computer storage system the jail utilizes. PREA grievances are forwarded by the shift supervisor to the PREA Coordinator immediately. If the need exists to have a situation investigated as a PREA situation it is assigned to an investigator. If not, then the grievance issue is reviewed and responded to by the Jail Captain. The Johnson County Jail reported they had one PREA related grievance filed during the 12-month time period before the audit.

Employee personnel files were maintained in the human resources department at the Johnson County Administration Building. The employee criminal background records check documentation is maintained in the employee personnel files and the Johnson County Sheriff's Records Department. The auditors reviewed documentation from five employee personnel files. When selecting the files, the auditors considered reviewing employee files of newer employees who were recently hire as well as staff who had been employed with the unit for numerous years.

Inmate files are maintained in the inmate TAC10 electronic records system and any inmate documents are saved in inmate files in the File Nexus. Some documentation in the electronic files were intake screenings, PREA investigations and monitoring of retaliation. These files were selected based upon inmate sexual abuse/assault/harassment investigations, arrival at the facility and LGBTI status.

There were no medical or mental health files to review as there were no sexual abuse/assault investigations. The list below details the documentation reviewed from the various files.

Type of File	Number of Files Reviewed
Administrative/criminal investigative files	4
Grievance files	0
Employee personnel	5
Employee training	5
Offender/intake screening files	2

Medical files	0
Mental health files	0
Total number of files reviewed	18

Close-Out

A close-out session was conducted on Friday, 06/07/19 with the Jail Captain/PREA Coordinator and Lieutenant. They were informed the auditor would be required to review onsite observations, documentation and interview responses in order to determine compliance for each standard and provision. The auditor did share information regarding any existing concerns and documentation that was still needed.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Johnson County Jail is located in Iowa City, Iowa. The address is 511 South Capitol Street, Iowa City, Iowa. 52244. The jail is located on the second floor of the Johnson County Sheriff's Department building.

The facility opened in 1981. When it opened, the facility had a capacity to house 46 inmates. In 1990 an additional bunk was added to each cell in cell blocks D, E, F, G, H and I. Capacity upon completion was 76. In 1993 cell blocks A, B and C had extra bunks added bringing their new capacity level to 92, which is the current capacity. In 2001, a remodel of a large sized exercise room was converted into storage and a temporary holding cell. In 2011 an additional booking and holding area was constructed as a remote booking and holding area used only during large scale civic events that increased the population of the city significantly. In 2015, updates were made to the camera system, monitoring system, intercoms, alarms and locks were added to the facility. The inmate count on the first day of the audit was 71.

The main jail is a linear design facility and is comprised of nine (9) cell blocks. The main intake and holding area is located on the second floor of the building in the main jail area for inmates awaiting their initial appearance before a judge.

There are nine cellblocks (A, B, C, D, E, F, G, and I, Holding 3 and Holding 4) that

are all double-occupancy equipped with toilets and showers. One of the nine cell blocks (F) is for female pretrial detainees. Seven of the cell blocks are for pretrial male detainees while the one cell block is for sentenced inmates (I). There are single occupancy cells available for the purposes of segregation if necessary. The inmates have access to the commons area of the cellblock throughout the day. The commons are equipped with tables, chairs, telephones and televisions. Single person showers are located in the Commons area of each cellblock. In addition to the cell blocks, the facility also contains a small indoor recreation area, visitation area, kitchen, administrative offices, laundry room, medical clinic room and a control center.

The facility reported having 63 cameras installed at the facility. The jail reported having 63 camera installed at the facility. Of those, 56 are installed in the interior of the building. Two of these are in the lower level of the building. Seven are installed on the exterior of the building. Interior cameras are installed in each cell block, all hallways, intake/booking areas, lobby area, recreation room and kitchen. Of the camera installed in the cell block, ten are located in actual cells. The facility reported the camera footage was retained for approximately 30 days.

The facility houses adult male and female inmates. The age range of the inmate population was 18-65 the day of the on-site audit. The facility does not house youthful offenders. The average length of stay for an inmate is four days. The security level of the inmates is Maximum, Medium, and Minimum custody.

The jail is staffed with two divisions, Control Center Operators and sworn deputies. The Control Center Operators are all females and are tasked with record keeping, camera monitoring and booking and care of female inmates. Sworn Deputies are comprised of both male and female deputies and are tasked with booking and care of inmates and transportation of inmates. The PAQ indicated there were 39 employees. A Jail Captain and Lieutenant manage and oversee the facility.

Control Center Operators are deployed in five shifts with rotating schedules and the following pool of employees per shift

- 0000-0900 2
- 0800-1700 3
- 1600-0100 2
- 1900-0400 1
- 0700-1530 1 (supervisor)

Minimum staffing requirement is that there is one Control Center Operator on shift at all times. Due to schedule rotations there are times in which more than one control center

is on duty. Those would be during the overlap hours of 0800-0900 and 1600-1700 and on rotational days in which there may be two each scheduled on the 0000-0900, 800-1700, and 1600-0100. The 0700-1530 shift is a on a Monday through Friday rotation.

Deputy schedules are primarily based on a twelve-hour rotational basis. However, there are management positions and one deputy rotation on a Monday through Friday day hour rotation. The following pool of deputies are assigned per shift

- 0700-1900 9
- 1900-0700 10 (2 supervisory)
- 0700-1530 2 (both supervisory)
- 0800-1630 2 (supervisory)
- 0900-1730 1
- 1700-0500 2 (both supervisory)

Minimum staffing levels are two deputies on site at all times. If exigent circumstances occur and that number drops below two, other deputies inside the building would be summoned to the jail floor until the minimum staffing level was met.

Staffing goals for deputies are that there are a three working at all times. During business day hours the staffing goal increases to five to accommodate for increased court transportation and internal inmate movement. On Thursday through Saturday nights staffing goals increase to four to accommodate for increased intake bookings. Special events such as local college football games, concerts, bicycling events, etc.... cause adjustments to staffing goals.

Jail Alternatives staff provide counseling and re-entry services to the inmate population. They are available onsite along with the PREA Coordinator. A Physician's Assistant (PA) sees inmates for medical needs and follow up from inmates seen at the University of Iowa Hospitals and Clinics. All investigations are conducted by investigators from the Sheriff's Department Detective Bureau.

The PAQ indicated there were 0 contractors but the Physician's Assistant is contracted through the University of Iowa Hospitals and Clinics. There are also 31 facility volunteers who provide volunteer services for Alcoholics Anonymous meetings.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations*

made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

Number of Standards Met: 43

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

There is significant corrective action being recommended. These will be detailed in a corrective action plan reviewed with the facility. This auditor will work with the facility during the corrective action time period to assist in gaining full compliance.

The facility was able to correct the issues identified in the corrective action plan in order to bring all standards into compliance.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ, Policy 606, Prison Rape Elimination Act, (entire policy), Draft 05/01/19
 - b. JCJ, General Order, Sexual Misconduct Policy, III-F 400-1 Code (p. 9 and attachment), dated 05/06/2014
 - c. JCJ, Inmate handbook (p. 3-9), dated 05/26/19
 - d. Johnson County Jail Organizational Chart
2. Interviews:
 - a. PREA Coordinator

b. Jail Captain

Findings:

115.11 (a)

The JCJ, Policy 606 Prison Rape Elimination Act addresses JCJ's zero- tolerance for all forms of sexual abuse and sexual harassment of offenders. The policy also requires the jail to take a proactive approach concerning the detection, prevention, response, and punishment of sexual abuse, including consensual sexual contact while in JCJ custody. The policy also includes the definitions of prohibited behaviors. The policy indicates potential disciplinary sanctions for JCJ employees, contract workers and volunteers who violate these prohibited behaviors. Inmates who violate rules regarding sexual assault/abuse/harassment are also subject to in-house disciplinary action and sanctions.

Some examples noted in the plan for the agency's approach to prevention included employee awareness, employee, contractor and volunteer training and offender education. Forms of detection included the conducting of unannounced rounds, security rounds, video monitoring and surveillance and offender screening and assessment. The plan explained staff response and explained the duties of the trained first responders, security supervisors, medical staff, mental health staff, investigators, and Victim Advocates.

The auditor finds the jail in compliance with PREA Provision 115.11 (a).

115.11 (b)

A JCJ organizational chart was provided to the auditor. The updated chart listed the PREA Coordinator is a shared title with the Jail Captain. Policy indicates that the Jail Captain is the PREA Coordinator. the Organization Chart does not. On the Organization Chart that was provided, the Jail Captain reports to the Chief Deputy.

The auditor finds the jail in compliance with PREA Provision 115.11 (b).

115.11 (c)

The JCJ only operates one facility and does not have a PREA Compliance Manager.

The auditor finds PREA Provision 115.11 (c) is non-applicable to JCJ as the JCJ only operates one facility.

Corrective Action:

1. None.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ, Policy 606, Prison Rape Elimination Act, (p. 3, (e)) Draft dated 05/01/19
 - b. Memorandum of Understanding between Johnson County

Sheriff's Office and Muscatine County Sheriff's Office, dated 2/16/16.

2. Interviews:
 - a. Jail Captain/PREA Coordinator
3. Onsite Review Observations:
 - a. Inmate Location sheet indicating that 44 CJC inmates are being held at Muscatine County Jail on day of onsite audit.

Findings:

115.12 (a)

JCJ, Policy 600, Prison Rape Elimination Act requires that any new contracts and revisions to existing contracts (on or after August 20, 2012) with a private agency, government entity or other entities for the confinement of offenders will contain an obligation on the entity to adopt and comply with the PREA standards. The current MOU with Muscatine County requires compliance with PREA Standards.

The auditor finds the jail in compliance with PREA Provision 115. 12 (a) based upon documentation provided and interviews conducted.

115.12 (b)

JCJ, Policy 600, Prison Rape Elimination Act requires that any new contracts and revisions to existing contracts (on or after August 20, 2012) with a private agency, government entity or other entities for the confinement of offenders will contain an obligation on the entity to adopt and comply with the PREA standards and allow the JCJ to monitor to ensure that the contractor is complying with the PREA standards. Language in the MOU requires quarterly contract monitoring by the PREA Coordinator.

The auditor finds the jail in compliance with PREA Provision 115. 12 (b) based upon documentation provided and interviews conducted.

Corrective Action:

1. None.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for

adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☒ Yes ☐ No ☐ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. *JCJ Policy 606, Prison Rape Elimination Act (p.3)*, Draft 05/01/19
 - b. *JCJ, Policy 222, Staffing (pp.1-2)*, Draft 05/01/19
 - c. *JCJ Policy 504, Inmate Supervisory Checks, (pp 1-2)*, Draft 05/01/19
 - d. *JCJ Policy III-D260-3, Monitoring and Observation of Inmates (pp. 1-2)*
 - e. *JCJ 2019 Staffing Plan*, review dated 03/01/19
 - f. *JCJ Cell Check Log* indicating unannounced Supervisor rounds, various dates and shifts
 - g. JCJ Staffing schedule for June 2019
2. Interviews:
 - a. PREA Captain/PREA Coordinator
 - b. Jail Lieutenant
 - c. Intermediate- or higher- level facility staff
3. Onsite Review Observations:
 - a. Auditors observed unannounced rounds documented on several posts while conducting the onsite review.

Findings:

115.13 (a)

The *JCJ Policy 222 Staffing* explains the process for the annual review of each facility's staffing plan. The annual review of the JCJ staffing plan is completed in consultation with the PREA Coordinator in order to assess, determine and document whether adjustments are needed to the facility's Staffing Plan.

The Jail Captain and Lieutenant were interviewed. They both stated that the facility does have a documented staffing plan. The staffing plan ensures adequate levels of staff throughout the entire facility. Video monitoring equipment is also in place to enhance security measures around the facility. Use of the staggered schedule ensures minimum staffing levels are always met.

The auditor finds the jail in compliance with PREA Provision 115. 13 (a) based upon documentation provided.

115. 13 (b)

The language in the *JCJ Policy 606 Prison Rape Elimination Act* is consistent with

the provision. The jail reported on the PAQ that they had not deviated from the staffing plan in the past 12 months.

JCJ Policy 606 Prison Rape Elimination Act requires that the jail staff is required to document deviations and the reasons for the deviations from the staffing plan. Deputies from other areas of the building would be deployed to the jail if necessary.

The auditor finds the jail in compliance with PREA Provision 115. 13 (b) based upon documentation provided and interviews conducted.

115.13 (c)

The *JCJ Policy 222 Staffing* explains the process for the annual review of each facility's staffing plan. The annual review of the JCJ staffing plan is completed in consultation with the PREA Coordinator in order to assess, determine and document whether adjustments are needed to the facility's Staffing Plan.

The auditor finds the jail in compliance with PREA Provision 115. 13 (c) based upon documentation provided and interviews conducted.

115. 13 (d)

JCJ Policy 504, Inmate Supervisory Checks requires supervisors and higher-level supervisors to conduct and document unannounced rounds to identify and deter sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment. Alerting others that these supervisory rounds are occurring is prohibited unless the announcement is related to legitimate operational functions of the facility. The procedure requires the rounds to be conducted during all shifts.

An interview was conducted with the Lieutenant and Captain as well as the Sgt. All stated they conduct unannounced rounds and documents them on a log in each cell block. They stated they document the unannounced round by noting rank, initials and badge number in the Unannounced Supervisory Check column on the daily Cell Check Log. The auditor observed unannounced round documents and actual unannounced rounds in the logs throughout each unit during the onsite review.

The auditors find the jail in compliance with PREA Provision 115.13 (d) based upon the documentation provided and interviews conducted.

Corrective Action:

1. None.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 507, Juvenile Housing, (p. 1), Draft dated 5/1/19
2. Interviews:
 - a. Jail Captain/PREA Coordinator and Lieutenant
3. Onsite Review Observations:
 - a. A review of the facility was conducted throughout the audit. The auditor did not observe any youthful offenders during the onsite review.

Findings:

115.14

The PAQ indicated the JCJ does not house youthful offenders under the age of 18 and has not done so in the past 12 months prior to the audit.

Based upon the observations made by the auditor during the onsite review and the documentation provided, the JCJ is found in compliance with standards 115.14.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. *JCJ Policy 515, Searches* (p. 2, 5,6,7,9) Draft 05/01/19.
 - b. *JCJ Policy 807, Inmate Showers* (p. 5), Draft 05/01/19.
 - c. *JCJ, General Order III-C 157-4, Admission Procedure-Strip Search*, entire policy, dated 09/21/15
 - d. *JCJ, General Order III-C 123-4, Admission Procedures-Initial Inmate Search*, (p. 1), dated 09/21/2015.
 - e. *JCJ, General Order III-D 260-3, Monitoring & Observation of Inmates*, (p. 1), dated 01/01/07.
2. Interviews
 - a. No non-medical staff were interviewed as there have been no cross-gender strip or visual searches
 - b. Random sample of staff
 - c. Random sample of inmates (female)
 - d. No Transgender/intersex inmates were interviewed as there were none identified in the population the day of the onsite audit.
3. Onsite Review Observations
 - a. The audit team did observe female inmates during the onsite review. Female staff are the only staff allowed to search the female inmates. The auditor observed inmates in most cell blocks were able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. Male staff are the only staff allowed to enter Cell Block A as there are no privacy barriers due to the security levels of inmates in this cell block.

Findings:

115.15 (a)

JCJ, Policy 515, Searches, requires that a modified strip search or visual strip search will be conducted by a JCJ employee of the same sex as the inmate being searched, except in exigent circumstances or when performed by medical practitioners. Exigent circumstances resulting in opposite-gender strip searches by non-medical will be documented in an incident report.

The PAQ indicates that they did not conduct any cross-gender strip or body cavity searches in the last twelve months. There were no incident reports provided as there was no exigent circumstances that required one be written.

The auditor finds the jail in compliance with PREA Provision 115. 15 (a) based upon documentation provided and interviews conducted.

115.15 (b)

JCJ Policy 515, Searches, require that male staff may not pat down female inmates and female staff may not pat down male inmates, except in emergencies.

The auditor finds the jail in compliance with PREA Provision 115. 15 (b) based upon documentation provided and interviews conducted.

115.15 (c)

JCJ, Policy 515, Searches, requires that exigent circumstances resulting in an opposite-gender strip search by non-medical staff will be documented in an incident report. JCJ reported on the PAQ that no cross-gender pat-searches, visual strip searches or body cavity searches in the past twelve months.

The auditor finds the jail in compliance with PREA Provision 115. 15 (c) based upon documentation provided and interviews conducted.

115.15 (d)

JCJ Policy 807, Inmate Showers, requires that inmates shall be permitted to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite sex are required to announce their presence when entering an inmate cell block.

Cell blocks that are not constructed to provide a barrier when an inmate showers are limited to staff of the same gender entering the cell block.

This provision also requires that facility staff of the opposite gender to announce their presence when entering an offender housing unit. JCJ, Policy 807, Inmate Showers requires staff of the opposite gender to announce their presence when entering an inmate cell block.

A random sample of staff were interviewed. They stated opposite gender staff announce themselves when entering the cell blocks. Male staff are not allowed to enter the female cell blocks unless there is an emergency situation. Cell Blocks A and I are male cell blocks and female staff are not allowed to enter them unless an emergency situation exists. The auditor heard female staff make the announcement each time they entered a cell block during the

onsite audit. Interviews were also conducted with a random sample of inmates. All inmates stated the announcements are made when female staff appear on the unit. All inmates said they were able to hear the announcements in their cells.

The auditor finds the jail in compliance with PREA Provision 115.15 (d) based upon observation, documentation provided and interviews conducted.

115.15 (e)

JCJ Policy 515, Searches does not allow staff to search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. A random sample of staff were interviewed. Everyone was aware that they were not allowed to search an offender to determine their genital status. There were no inmates identified as transgender or intersex assigned at the jail during the onsite visit, thus no interviews were conducted with a transgender or intersex inmate.

The auditor finds the jail in compliance with PREA provision 115.15 (e) based upon JCJ policies and the interviews conducted.

115.15 (f)

The JCJ Policy 515, Searches, requires that jail staff be trained in how to conduct pat searches and visual strip searches in a professional and respectful manner and in the least intrusive manner possible, consistent with facility security needs. The policy states that the training also includes cross-gender pat downs and searches, as well as searches of transgender and intersex inmates.

Training files were provided for staff that indicated all staff were trained in conducting cross-gender pat down searches as well as searches of transgender and intersex inmates.

A random sample of staff were interviewed. Some remembered taking cross-gender pat search training but answers were inconsistent. Training records indicated staff received appropriate training.

The auditor finds the jail in compliance with PREA provision 115.15 (f) based upon training records indicating staff have been trained to conduct cross-gender pat downs and searches, as well as searches of transgender and intersex inmates.

Corrective Action:

1. None.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ, Policy 400, Sexual Misconduct Policy, (p. 6), Draft 05/01/19.
 - b. JCJ Policy 606, Prison rape Elimination Act, (p. 6), Draft 05/01/2019.
 - c. JCJ Policy 503, Inmate Handbook and Orientation, (p.2), Draft 05/01/19.

- d. JCJ Policy 602, Inmates with Disabilities (p.1), Draft 05/01/2019.
- e. JCJ, Inmate Handbook, English and Spanish version
- f. JCJ, PREA Brochure, English and Spanish versions
- g. JCJ, Acknowledgement Receipt of Inmate Handbook & PREA Brochure
- h. Memo/Statement of fact from PREA Coordinator that states that JCJ utilizes the Language Line to assist with interpreter services as well as a utilizing an online interpreter.

2. Interviews:

- a. Offenders with disabilities or limited English proficient
- b. Random staff
- c. Agency Head (Sheriff)
- d. Jail Captain/PREA Coordinator

3. Onsite Observation Reviews:

- a. Signage was observed in the living units and various other locations of the jail during the onsite review in English and Spanish
- b. Intake paperwork observed indicating the that inmates were provided different, applicable version of Orientation and Educational material.

Findings:

115.16 (a)

The JCJ, Policy 503, Inmate Handbook, directs that inmates who cannot read, are visually impaired, or have intellectual, psychiatric or speech disabilities or limited reading skills shall have materials read to them by a staff member or presented to them using audible recorded media. Inmates who are deaf or are hard of hearing shall be provided with interpretation services. Reasonable efforts should be made by the staff to assist the inmate in understanding the information. JCJ does not rely on offenders for assistance if an offender suspect or victim is deaf or hard of hearing, blind, or low vision or for those who have intellectual, psychiatric or speech disabilities, or are limited English proficient. During the onsite review, the auditor observed language in English and Spanish versions in the cell blocks and in various other areas throughout the facility that address JCJ's zero tolerance policy and how to report any incidents of sexual abuse and sexual harassment. Advocacy information was also available in English and Spanish. When the Jail Captain/PREA Coordinator, was interviewed he also explained that the agency provides offenders with disabilities and those offenders who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The information is available in a variety of formats as well as many options for language interpretation from the language line.

The JCJ, Policy 400, Sexual Misconduct Policy, directs that JCJ take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including

steps to provide non-inmate interpreters who can interpret effectively, accurately and impartially. Translation and sign language interpretation is also required for PREA related communications including but not limited to investigations, victim rights/advocacy and resources.

The auditor finds the jail in compliance with PREA Provision 115. 16 (a) based upon documentation provided, onsite observation and interviews conducted.

115.16 (b)

The JCJ Policy 602, Inmates with Disabilities, requires that inmates with disabilities have an equal opportunity to services, programs and activities for the disabled. Translation and/or interpretation for the Prison Rape Elimination Act procedures related communication including but not limited to inmate education, orientation, investigation, grievances, medical/mental health services and victim rights/advocacy will be offered so that offenders with limited English proficiency can participate in or benefit from all aspects of the department's efforts to prevent, detect and respond to sexual assault, sexual abuse and sexual harassment. The facility PREA Coordinator is the contact person if translation/interpretation services are needed for PREA related needs.

JCJ Policy, 503, Inmate Handbook states that during Orientation, Inmates who cannot read, are visually impaired, or have intellectual, psychiatric or speech disabilities or limited reading skills shall have materials read to them by a staff member or presented to them using audible recorded media. Information will be provided to offenders in a language that they understand so that offenders with limited English proficiency can participate in or benefit from all aspects of the department's policies and procedures as well as its efforts to prevent, detect, and respond to sexual assault, sexual abuse and sexual harassment.

The auditor was provided a PREA pamphlet in English and Spanish and large print in both languages. Signs posted in the housing units were also in English and Spanish. A memo was also provided that indicates the Language Line is utilized for interpretation services.

The auditor finds the jail in compliance with PREA Provision 115. 16 (b) based upon documentation provided, onsite observation and interviews conducted.

115.16 (c)

JCJ Policy 606, Prison Rape Elimination Act, requires that the facility not rely on inmate interpreters, inmate readers or other types of inmate assistants, except in limited circumstances where an extended delay in obtaining an interpreter could compromise inmate safety the first responder duties or the investigation of sexual abuse or sexual harassment allegations. The facility reported on the PAQ that in the past 12 months, they had not used offender interpreters, readers or other types of offender assistants.

A random sample of staff were interviewed and they all knew that offenders should not be used to interpret for other offenders unless it was in emergency circumstances where an offender's safety was at risk. Staff were aware of the language line that could be utilized for interpretive services as well as the staff who were identified as qualified staff interpreters.

The auditor finds the jail in compliance with PREA Provision 115. 16 (c) based upon documentation provided, onsite observation and interviews conducted.

Corrective Action:

1. None

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 107, Specialized Assignments and Promotions, (p. 1), Draft 05/01/19
 - b. JCJ Policy 108, Standards of Conduct (p. 1), Draft 05/01/19
 - c. JCJ Policy 213, Personnel Records (p.3)
 - d. JCJ Policy 302, Recruitment and Selection Process, (p. 2-4)
 - e.
2. Interviews:
 - a. Administrative (human resources) staff
 - b. Jail Captain/PREA Coordinator
3. Onsite Observation Reviews:
 - a. None

Findings:

115.17 (a)

Applications are completed online by applicants. The applications are screened and analyzed and referred for the interview process. If selected the applicant is then referred to the background investigation process where a thorough background check is conducted on each applicant. Both state and national criminal history checks are completed on all applicants. Fingerprints are also taken. Financial, driving record, drug, criminal and employment histories are checked.

The JCJ Policy 302, Recruitment and Selection Process requires that no person will be hired or promoted who may have contact with offenders, nor will JCJ enlist the services of any contractor who may have contact with offenders, (a) who has engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility or other institution; (b) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (c) has been civilly or administratively adjudicated to have engaged in the activity described in section (a).

JCJ Policy 107, Specialized Assignments and Promotions, describes the agency not promote, assign or transfer anyone to a position that may allow contact with inmates if the staff member has engaged in sexual abuse or harassment in a prison, jail, lock up, community confinement facility, juvenile facility or other institution; or has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse, or has been civilly or administratively adjudicated to have engaged in the activity described previous. The agency does consider any incidents of sexual harassment in determining whether to hire anyone who may have contact with inmates.

The Background review process screens applicants concerning PREA requirements through written applications and interviews. Employees are expected to disclose any conduct described above in their written applications or during interviews. Examples of questions asked during the background check were provided that addressed standard.

The auditor finds the jail in compliance with PREA Provision 115. 17 (a) based upon documentation provided and interviews conducted.

115.17 (b)

Language in JCJ Policy 107, Specialized Assignments and Promotions, specifically states that JCJ shall not promote, assign or transfer any member to a position that may allow contact with inmates if the member has engaged in sexual abuse or harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.

The auditor finds the jail in compliance with PREA Provision 115. 17 (b) based upon documentation provided and interviews conducted.

115.17 (c)

The jail reported in the PAQ that in the past 12 months criminal background record checks were conducted on 3 persons hired who may have contact with offenders. JCJ Policy 302, Recruitment and Selection Process require that every person will have a criminal background records check completed. The auditor confirmed background checks/personnel files for the three people hired and all had completed criminal background records checks that were done.

During the background checks, best efforts are made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or sexual assault, to include any resignations during a pending investigation of sexual abuse or sexual assault.

The auditor finds the jail in compliance with PREA Provision 115. 16 (c) based upon documentation provided, onsite observation and interviews conducted.

115.17 (d)

The facility reported on the PAQ that there were no criminal background checks on individuals before enlisting the services of any contractor who may have contact with offenders over the past 12 months. JCJ Policy 302 Recruitment and Selection Process requires that every person who may have inmate contact as a member or contractor shall, prior to service, undergo a thorough background investigation. Volunteers are considered contractors by the JCJ.

The auditor finds the jail in compliance with PREA Provision 115. 17 (d) based upon documentation provided, onsite observation and interviews conducted.

115.17 (e)

In accordance with JCJ Policy, 302 Recruitment and Selection Process, JCJ will conduct follow-up criminal background records checks at least every five years for current employees and contractors who may have contact with offenders. JCJ Policy 606, Prison Rape Elimination Act, Volunteers were not included in this policy.

Documentation was provided that indicated that criminal background checks were completed on staff or contractors at least every five years.

In speaking with the Human Resources Administrator, she explained that the county utilizes an outside company to conduct background checks for all county employees in addition to the Sheriff's Department conducts their own background investigations on potential staff who may have contact with inmates. She was unaware if this applied for contractors. She also explained that Johnson County initiated the "banned the box" on the general employment applications July 2018 and job descriptions now indicate that the applicant must pass a background check. As stated previously, these background checks are completed by the Sheriff's Department detectives. She was unaware if the Sheriff's Department conducted the background checks every 5 years. It is the responsibility of the PREA Coordinator to ensure the employee names are forwarded to the Detective so the 5 year background check can be completed. If something is found during this process the notification process is initiated with the Jail Captain. The PREA Coordinator tracks when background checks are completed on each person and tracks when an employee's five year background records check needs completed and forwards to the investigators.

The auditor finds the jail in compliance with PREA Provision 115. 17 (e) based upon documentation provided, onsite observation and interviews conducted.

115.17 (f)

In accordance with JCJ Policy 107, Specialized Assignments and Promotions, JCJ will ask all applicants and employees who may have contact with offenders directly about previous misconduct (described in 107.3.1 a-b in this policy), in written applications or interviews for hiring or promotions and in any interviews. JCJ will also impose upon employees a continuing affirmative duty to disclose any such misconduct to the Jail Captain in writing. Any and all discipline is considered for internal openings and promotions.

The auditor finds the jail in compliance with PREA Provision 115. 17 (f) based upon documentation provided and interview conducted.

115.17 (g)

JCJ Policy 108, Standards of Conduct specifies that failure to disclose or misrepresenting material facts, or making any false or misleading statement on any application, examination form, or other official document, report or form or during the course of any work-related investigation is cause for dismissal.

The auditor finds the jail in compliance with PREA provision 115.17 (g) based on documentation provided.

115.17 (h)

JCJ Policy 213, Personnel Records requires JCJ staff members that receive requests for information from another agency regarding allegations of sexual abuse or sexual harassment involving a former employee should work with counsel to ensure compliance with PREA requirements. Human Resources staff and Investigative staff work together to provide accurate information to employers who request such information. In regards to the jail providing information to another institution, it would do so after advising the county attorney's office. She shared that Iowa law protects employers for giving honest references when asked.

The auditor finds the jail in compliance with PREA provision 115.17 (h) based on documentation provided.

Corrective Action:

1. None

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Memo from Jail Captain sharing that JCJ has not installed or updated video monitoring system, electronic surveillance system or other monitoring technology since their last PREA audit.
2. Interviews:
 - a. Jail Captain/PREA Coordinator
 - b. Agency Head-Sheriff

3. Onsite Observation Reviews:
 - a. The auditor did not observe any substantial modifications to the facility during the onsite review.

Findings:

115.18 (a)

The Jail Captain/PREA Coordinator and Sheriff were interviewed. He stated there has been no substantial expansions or modifications made to the Johnson County Jail since the last PREA audit.

The auditor finds the jail in compliance with PREA provision 115.18 (a) based on observations during the onsite review and interviews with the Agency Head designee and Warden.

115.18(b)

The Jail Captain/PREA Coordinator and Sheriff were interviewed. It was explained that during the annual review of the facility's staffing plan, physical plant issues are discussed to include blind spots or areas where staff or inmates may be isolated. The facilities surveillance system is reviewed and upgrades are recommended.

The auditor finds the jail in compliance with PREA provision 115.18 (b) based on observations during the onsite review and interviews with the Agency Head and Jail Captain/PREA Coordinator.

Corrective Action:

1. None

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (pp.7-9), Draft 05/01/19
 - b. Iowa Sexual Assault Evidence Protocol
 - c. National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents (2103 version)
 - d. JCJ Policy 308, Prison Rape Elimination Act Training (p. 2), Draft 05/01/19
 - e. JCJ General Order #II-B 010-1, Collection and Preservation of Evidence at the Scene and Evidence Records, (entire) dated 01/01/07
 - f. JCJ Criminal Investigation, Evidence Collection Directive II-B 001-1 (entire), dated 01/01/07

g. Memorandum of Understanding-Rape Victim Advocacy Program (RVAP), dated 01/26/15

2. Interviews:
 - a. Jail Captain/PREA Coordinator
 - b. Jail Alternatives Offender Victim Representative
 - c. Random Sample of staff
 - d. Local SAFE/SANE nurse
 - e. RVAP representative
3. Onsite Observation Reviews:
 - a. None

Findings:

115.21 (a)

Language in the JCJ Policy, Prison Rape Elimination Act, was consistent with the provision. The JCJ PREA Response Plan Checklist for Sexual Assault or Sexual Abuse Incidents addresses such areas as notifications, staff response, and preservation of crime scene, evidence collection, forensic medical examinations and advocacy services.

A random sample of staff were interviewed. They were able to explain their actions if an inmate reported an incident of sexual abuse, assault, or harassment. All stated they would separate the alleged victim from the alleged abuser, secure the scene, as it could be a crime scene and notify their supervisor and the Jail Captain. All explained that they would also ask both parties to not brush their teeth, wash themselves/shower or comb their hair. Everyone knew that investigations are handled by the Sheriff's Departments Detectives.

The auditor finds the jail in compliance with PREA provision 115.21 (a) based on interviews and documentation provided. The documents confirm uniform evidence protocols are in place that increase potential gathering of usable evidence for administrative as well as criminal investigations, and potential prosecution.

115.21(b)

JCJ Policy 606, Prison Rape Elimination Act and Johnson County Sheriff's Office General Order II-B 010-1, Collection and Preservation of Evidence at the Scene and Evidence Records, was consistent with the provision. These policies as well as the Iowa Sexual Assault Evidence Collection Protocol verified that the protocols were developmentally appropriate for youth and was adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The version utilized in from 2013.

The auditor finds the jail in compliance with PREA provision 115.21 (b) based on the documents provided.

115.21 (c)

The language found in the JCJ Policy 606, Prison Rape Elimination Act was consistent with the provision. The PAQ indicated there were no forensic medical exams conducted with an inmate assigned to the JCJ who alleged sexual abuse in the past 12 months.

The auditor interviewed the local hospital SAFE/SANE nurse that provided forensic medical examinations. The hospital is approximately 1 mile from the facility jail. The SAFE/SANE reported that if inmates from the facility were brought to the emergency room for forensic examination, the SAFE/SANE would perform the exam. If requested, the inmate can request an advocate. The SAFE/SANE said the Jail Alternatives advocate would probably be present. There were no inmates present in the jail at the time of the onsite audit who reported Sexual Abuse. Interviews with staff indicated an entry would be logged in a call for service, incident report or activity log with the dates and times and number of attempts made to contact a victim advocate. Offenders are not required to pay for or charged a fee or copay for any medical or mental health services provided to them as a result of a sexual abuse incident.

The auditor finds the jail in compliance with PREA provision 115.21 (c) based on documentation provided and interviews conducted.

115.21 (d)

The language in the JCJ Policy 606, Prison Rape Elimination Act is consistent with the provision. The Memorandum of Understanding with the Rape Victim Advocacy Program (RVAP) clearly states that they will provide inmates who are victims of sexual assault, sexual harassment, sexual abuse and sexual misconduct with access to victim services and support and to provide victim advocacy and victim rights assistance. This MOU has been in place since January 26, 2015 and is a standing MOU until changes need to be made. JCJ also employs a licensed Social Worker with a focus on trauma with cognitive therapy that works for the Jail Alternatives Program. She provides victim services and support at the hospital or within 72 hours of an incident.

The auditor finds the jail in compliance with PREA provision 115.21 (d) based on documentation provided and interviews conducted.

115.21 (e)

The language in the JCJ Policy 606, Prison Rape Elimination Act is consistent with the PREA provision. Policy requires that immediately upon report of an allegation, staff attempt to contact a victim advocate. Efforts to secure services shall be documented.

The auditor finds the jail in compliance with PREA provision 115.21(e) based on documentation provided and interviews conducted.

115.21 (f)

The Johnson County Sheriff's Department Detectives conduct all investigations into allegations of sexual abuse, sexual assault/rape, sexual misconduct or sexual harassment that occur in the JCJ. JCJ does not rely on another agency to investigate PREA incidents.

The auditor finds that this PREA provision 115.21(f) does not apply to the JCJ.

115.21 (g)

Auditors are not required to audit this provision.

115.21 (h)

The JCJ Jail Alternatives Program social worker has attended the Seeking Safety conference where participants were trained in focus areas such as PTSD and Substance Abuse. She also attended Trauma Informed Cognitive Behavioral Therapy training. Training was also received at the University of Wisconsin-Madison's Conference on Child Sexual Abuse. These are all non-Johnson County Jail trainings and curriculum was not available.

The auditor finds the jail in compliance with provision 115.21 (h) based on documentation.

Corrective Action:

1. None

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ policy 606, Prison Rape Elimination Act (pp 8-9), Draft 05/01/19
2. Interviews:
 - a. Agency Head
 - b. Detective
3. Onsite Observation Reviews:
 - a. None

Findings:

115.22 (a)

The language in the JCJ policy 606, Prison Rape Elimination Act is consistent with this provision. The auditor also interviewed the Agency Head/Designee who also confirmed that

the facility ensures that an administrative/criminal investigation is completed for all allegations of sexual abuse, sexual assault or harassment. The Detective conducts all investigations. A list of investigations was provided. There were 4 sexual harassment investigations during the past 12 months. All of the cases reviewed were completed and had final outcomes.

The auditor finds the jail in compliance with PREA provision 115.22 (a) based on the documentation provided and interview conducted.

115.22(b)

JCJ policy 606, Prison Rape Elimination Act, requires that allegations of sexual abuse or sexual harassment are referred for investigation. The Johnson County Sheriff's Detective Division conducts all investigations into allegations of sexual abuse, sexual assault/rape, sexual misconduct and sexual harassment. The Detectives are sworn Iowa Law Enforcement with arresting authority.

The provision also requires the facility to publish their policy on its website. The auditor reviewed the website. The PREA policy was found on the website as was the language specific to this provision was also present on the website. The Detective was interviewed and explained that he is responsible for conducting all investigations related to sexual abuse, sexual assault, and sexual harassment allegations. He reported that he is immediately notified by facility staff when a situation presents itself.

The auditor finds the jail in compliance with PREA provision 115.22 (b) based on documentation received and the interview conducted.

Corrective Action:

1. None

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☐ Yes ☒ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. CJC Policy 308, Prison Rape Elimination Act Training (pp. 1-2), Draft 05/01/19
 - b. Training Certificates for NIC Training Class Your Role: Responding to Sexual Abuse
 - c. Employee Training Dates Spreadsheet
2. Interviews:
 - a. Random sample of staff
3. Onsite Observation Reviews:
 - a. None

Findings:

115.31 (a)

Language in the JCY Policy 308, Prison Rape Elimination Act Training was consistent with the provision. Curriculum/lesson plans were provided that would indicate all provisions of PREA Standard 115.31(a) are provided in the training.

Staff training records for the JCY staff were reviewed for PREA training. The records provided indicated staff received the required PREA training as required by this provision. A random sample of staff were interviewed. Staff reported they received PREA training in Jail School. Refresher training was recently completed for 2019.

The auditor finds the jail in compliance with PREA provision 115.31 (a) based on documentation provided and interviews conducted.

115.31 (b)

The language in the JCJ Policy 308, Prison Rape Elimination Act Training was consistent with the provision. The documentation provided about the training for JCJ employees indicates the training is tailored to both male and female populations.

The auditor finds the jail in compliance with PREA provision 115.31 (b) based on documentation provided.

115.31 (c)

JCJ Policy 308, Prison Rape Elimination Act Training requires that PREA training be provided to all staff that has contact with inmates. The policy also requires that staff attend annual refresher training.

During interviews with a random sample of staff, staff stated they attended training during jail school and recently took some additional online training. Policy review takes place throughout the year every quarter.

The auditor finds the jail in compliance with PREA provision 115.31(c) based on documentation provided and interviews conducted.

115.31 (d)

The language in the JCJ Policy 308, Prison Rape Elimination Act Training is consistent with the provision language. The provision requires the jail to document, through employee signature or electronic verification that employees understand the training they have received. National Institute of Corrections E-course Certificates were provided indicating completion of PREA trainings.

The auditor finds the jail in compliance with PREA provision 115.31 (d) based on documentation provided.

Corrective Action:

1. None.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 308, Prison Rape Elimination Act training (pp. 1-2), Draft 05/01/19.
 - b. PREA Vendor, Volunteers, Agents acknowledgement sign off sheet of Zero Tolerance Standard
 - c. PREA Poster Handout: Prevention of Sexual Misconduct
 - d. PREA: Volunteer and Contractor Training
2. Interviews:
 - a. Facility Volunteers
3. Onsite Observation Reviews:
 - a. Training records provided were signature sheets, PREA Vendor, Volunteers, Agents acknowledgement sign off sheet of Zero Tolerance Standards.

Findings:

115.32 (a)

The language in the CJC Policy 308, Prison Rape Elimination Act Training was consistent with the provision. This policy requires that all staff, volunteers and contractors who have contact with offenders will receive office approved training and testing in prevention and intervention techniques, that they have sufficient knowledge to answer any questions the arrestees and inmates may have regarding sexual assault or abuse, and that they are familiar enough with the reporting process to take an initial report of sexual assault or abuse. Signature or electronic verification would indicate that staff, volunteers and contractors received and understand the training. The PAQ reported that the facility had 31 volunteers and 0 contractors. Interviews were conducted with volunteers. They all stated they had received 2-3 pages of information concerning PREA. This information is the same information that the inmates received. New curriculum was created for volunteers and contractors that the Jail Administrator will facilitate. JCJ provided documentation of volunteers attending the new curriculum training and signed that they acknowledged the training.

The auditor finds the jail in compliance of PREA provision 115.32(a) based documentation provided and interviews conducted.

115.32(b)

The provision requires the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and be informed how to report such incidents. The language in the CJC Policy 308, Prison Rape Elimination Act Training procedures is consistent with the provision. Volunteers were interviewed. They stated they were notified of the zero-tolerance policy and how to report.

The auditor finds the jail in compliance of PREA provision 115.32 (b) based on documentation provided and interviews conducted.

115.32 (c)

The language in the CJC Policy 308, Prison Rape Elimination Act Training is consistent with the provisions. A new curriculum was created that meets all components of this standard. The volunteers are required to attend the training and sign an acknowledgement form stating that they attended the required volunteer training.

The auditor finds the jail in compliance of PREA provision 115.32 (c) based on documentation provided.

Corrective Action:

1. None

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☐ Yes ☒ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. CJC Policy 503, Inmate Handbook and Orientation, (pp. 1-2), Draft 05/01/19.
 - b. CJC Policy 606, Prison Rape Elimination Act (pp. 2-5), Draft 05/01/19.
 - c. JCJ Policy III-F-400-1, Sexual Misconduct Policy
 - d. Photos of PREA Posters posted throughout the facility-English and Spanish
 - e. Johnson County Jail Inmate Handbook-English and Spanish
 - f. New Arrival Orientation with Offender Orientation Verification Form
 - g. PREA Questionnaire asked during booking
 - h. PREA Video
2. Interviews:
 - a. Intake staff
 - b. Random sample of offenders
 - c. Disabled offenders
 - d. PREA Coordinator
3. Onsite Observation Reviews:

- a. The auditor observed several postings throughout the facility during the onsite review.

Findings:

115.33 (a)

The provision requires offenders receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment during the intake process.

JCJ Policy 503, Inmate Handbook and Orientation, requires every offender to receive orientation upon arrival at the jail. Inmates are provided an inmate handbook upon arrival that includes the JCJ Zero tolerance policy regarding Sexual Abuse, Sexual Assault and Sexual Harassment. A PREA Posters are posted in the intake area and inmates are afforded the time to read these posters. There is a Spanish and English version available of the poster and the Inmate Handbook.

The facility reported on the PAQ that 5196 inmates were admitted during the last 12 months and each of them received information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. A review of inmate's orientation paperwork arriving on randomly selected dates confirmed that the inmates signed intake paperwork on the date they arrived at the facility.

A random sample of inmates were interviewed. During Intake, inmates are advised as to what PREA is and how to report incidents. All inmates interviewed were knowledgeable regarding reporting methods and the zero-tolerance toward sexual assault and sexual harassment. The inmates interviewed that were Limited English Proficient explained during interviews that they understood the Spanish version posters and handbook.

The auditor finds the jail in compliance with the provision 115.33 (a) based on documentation provided and interviews conducted.

115.33(b)

The PAQ reported that of the inmates whose length of stay was for 30 days or more in the past 12 months, 306 received education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policy and procedures for responding to such incidents within 30 days of their intake. The education includes DOC's zero tolerance policy, self-protection, prevention/intervention, reporting procedures, treatment and counseling, protection against retaliation and disciplinary actions for making false allegations. The topics are consistent with the PREA provision language. A PREA video is presented every Monday to inmates who arrived the week before. The PREA Coordinator confirmed in an interview that inmates are educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding the jail's policies and procedures for responding to such incidents

in a variety of ways. These include the inmate handbook, the PREA video, posters and the numerous flyers posted throughout the facility. The auditor observed the PREA posters, inmate handbook, the orientation PREA form and the video that is shown.

A random sample of offenders were interviewed. All of the offenders stated they remembered viewing a video and being given a lot of documents regarding PREA. The offenders who arrived most recently remember more details than those that had been at the facility longer.

The auditor finds the jail in compliance with PREA provision 115.33(b) based upon documentation reviewed and interviews conducted.

115.33 (c)

The PAQ indicated that all offenders had been educated on PREA. Due to the high turnover of inmates at the county jail level, there were no inmates at the facility prior to the effective dates of the PREA standards.

Policy 606, Prison Rape Elimination Act requires that within 30 days of intake, all inmates are provided a comprehensive education regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents. Any inmate that is transferred to the Muscatine County Jail and returns to Johnson County Jail are provided the education upon their arrival back to JCJ.

The auditor finds the jail in compliance with PREA provision 115.33(c) based upon documentation reviewed.

115.33(d)

The provision requires the facility to provide inmate education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to offenders who have limited reading skills.

The JCJ Policy 503, Inmate Handbook and Orientation, requires that JCJ will provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. Offender education is provided in English or Spanish versions. Interpretive services will be provided to inmates who do not speak English. The Language Line is utilized for such interpretive services. Inmates who cannot read, are visually impaired, or have intellectual, psychiatric or speech disabilities or limited reading skill shall have material read to them by a staff member or presented to them using audible recorded media. Inmates who are deaf or hard of hearing shall be provided with interpretation services.

Disabled offenders were interviewed. They stated they had been provided information about sexual abuse and sexual harassment that they were able to understand. The education videos were instrumental with educating other disabled offenders.

The auditor finds the jail in compliance with PREA provision 115.33(d) based on documentation received and interviews conducted.

115.33(e)

Upon completion of the PREA Inmate Education, inmates sign an acknowledgement form indicating they understand what was reviewed in the training.

The auditor finds the jail in compliance with PREA provision 115.33 (e) based on documentation received and interviews conducted.

115.33(f)

JCJ Policy 503, Inmate Handbook and Orientation indicate that inmates are provided a handbook upon intake. This handbook contains information on PREA. A video is also played on the televisions in the dayrooms. Posters are in every cell block in English and Spanish. During the onsite review, the auditor observed postings in the cell blocks and at various other areas throughout the jail in English and Spanish informing offenders and staff of the zero-tolerance policy regarding sexual abuse, including consensual sexual contact and sexual harassment of offenders. The postings also stated how to report such violations. There were postings identifying the location of the national and state addresses and telephone numbers and local rape crisis center contact information.

The auditor finds the jail in compliance with PREA provision 115.33 (f) based on documentation provided and onsite observation.

Corrective Action:

1. None

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 311, Training Records, (pp. 1-2), Draft 05/01/19
 - b. JCJ Policy 308, PREA Training, (p. 2), Draft 05/01/19
 - c. NIC PREA Investigator training certificates
 - d. Various certificates of LEO training specific to Sexual Assault
2. Interviews:
 - a. Detective assigned to jail
3. Onsite Observation Reviews:
 - a. None

Findings:

115.34 (a)

The review of the JCJ Policy, Prison Rape Elimination Act Training, directs that all specialized training for investigators shall include the uniform evidence protocol to maximize potential for obtaining useable physical evidence; techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warning; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

An interview was conducted with the detective assigned to the jail. The detective reported that the detectives received training in conducting sexual abuse investigations in confinement settings. The detectives also completed the training that all other jail staff have to complete that includes prevention, detection and reporting sexual abuse, assault and harassment. The detectives are also sworn law enforcement officers who have graduated from the Iowa Law Enforcement Academy who have also had specialized training as LEO in conducting investigations and crime scene management. The detective stated the training received included building rapport, evidence collection, forensic medical exams, victim rights and case determinations. The facility provided training records for the detectives verifying the completion of training in conducting sexual abuse investigations in a confinement setting.

The auditor finds the jail in compliance with PREA provision 115.34 (a) based on documentation provided and interviews conducted.

115.34(b)

A review of JCJ Policy 308, Prison Rape Elimination Act Training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The detectives all completed the National Institute of Corrections courses PREA; Investigating Sexual Abuse in a

Confinement Setting and PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations. Certificates of completion were provided for the assigned detectives.

An interview was conducted with the detective and he was able to identify all of the topics required to be covered during the training in conducting sexual abuse investigations in confinement settings.

The auditor finds the jail in compliance with PREA provision 115.34 (b) based on documentation provided and interviews conducted.

115.34 (c)

The auditor was provided with training records verifying the OIG Investigator had completed PREA training as well as training in conducting sexual abuse investigations in confinement settings.

The auditor finds the jail in compliance with PREA provision 115.34 (c) based on documentation provided and interviews conducted.

Corrective Action:

1. None

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 308, PREA Training (pp. 1-2), Draft 05/01/19
 - b. NIC Training Certificate (PREA Your Role Responding to Sexual Abuse) for Jail Alternative Staff (Mental Health staff)
2. Interviews:
 - a. Medical and Mental health staff
3. Onsite Observation Reviews:

a. None.

Findings:

115.35 (a)

The PAQ was not completed in this section. In addition, JCJ Policy 308, PREA Training, directs that all staff, volunteers and contractors who have contact with inmates shall receive office-approved training on the prevention and detection of sexual abuse and sexual harassment within this facility. JCJ Policy 308, PREA Training also requires that all full- and part-time Qualified health care and mental health professional who work regularly in the facility shall receive all of the member training, as well as training that includes detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence of sexual abuse, responding effectively and professionally to victims of sexual abuse and sexual harassment and reporting allegations or suspicions of sexual abuse and sexual harassment. Records were provided indicating that these individuals completed the training required by this standard.

The auditor finds the jail in compliance with PREA provision 115.35 (a) based on documentation provided and staff interviews.

115.35 (b)

JCJ does not employ any Medical staff thus no medical staff employed by the agency conduct forensic examinations.

The auditor finds that this PREA provision 115.35 (b) does not apply to the JCJ.

115.35 (c)

Documentation of completed specialized training that medical and Jail Alternatives staff completed was received.

The auditor finds the jail in compliance with PREA provision 115.35 (c) based on documentation provided.

115.35 (d)

The JCJ Policy 308, PREA Training requires that training is provided to all staff, volunteers and contractors. The policy also requires that everyone undergo annual refresher training that covers sexual abuse and sexual harassment policies and related procedures. Contract workers, temporary staff and interns will receive the training through an online training system. All staff will take a refresher course on an annual basis thereafter.

Training records were provided that confirmed medical staff and Jail Alternative staff completed the annual PREA training as well as specialized training.

The auditor finds the jail in compliance with PREA provision 115.35 (d) based on documentation provided.

Corrective Action:

1. None

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☐ Yes ☒ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 509, Inmate Classification (pp. 1-4), Draft 05/01/19
 - b. JCJ Sexual Misconduct Policy III-F-400-1
 - c. PREA Questionnaire

2. Interviews:
 - a. Intake Screening Staff
 - b. Random Offenders
3. Onsite Observation Reviews:
 - a. The auditor was able to view the electronic inmate records and observe a booking of an offender

Findings:

115.41(a)

JCJ Policy 509, Inmate Classification, contains the provision language. The facility has a classification plan that includes an initial screening process, as well as a process for determining appropriate housing. This intake screens for risk of sexual abuse victimization and sexual abuse. As a jail, inmates are not transferred to another facility until they are sentenced or considered pre-trial status.

When interviewing staff who perform screening for risk of victimization and abusiveness the auditor was informed the JCJ screens upon arrival into the jail. The completed intake screenings were maintained electronically in the offender's electronic record. The auditor observed the intake process while on site.

Interviews were conducted with a random sample of inmates. Most remembered being asked questions about prior jail or prison placements, whether they had ever been sexually abused, if they identified being gay or bi-sexual, and whether they thought they might be in danger of being sexually abused during their stay at the facility.

The auditor finds the jail in compliance with PREA provision 115.41 (a) based on interviews conducted with staff and offenders, documentation provided and observance during the onsite review.

115.41(b)

JCJ Policy 509, Inmate Classification, require that all arrestees and detainees entering the jail be screened for potential risk of sexual vulnerability or potential risk of sexually aggressive behavior immediately upon arrival to the jail. The jail reported on the PAQ that 1003 offenders entered the jail whose length of stay in the jail was for 72 hours or more were screened for risk of sexual victimization or risk of being sexually abusing other offenders within 72 hours of their entry into the facility. Inmates were screened upon arrival and then again once it is determined the inmate will not be released from custody on bail or on their own recognizance but no later than 24 hours after the inmate's arrival at the facility, after which the inmate will be moved to more permanent housing.

An interview was conducted with staff who perform screening for risk of victimization and abusiveness. He confirmed inmates were screened for risk of sexual victimization or risk of

abusing other inmates twice within 24 hours of their arrival at the facility. He shared that he these screenings are conducted immediately upon arrival at the jail and again prior to being placed into general population.

Electronic records revealed that all screenings were conducted within 72 hours of the inmate's arrival at the facility.

The auditor finds the jail in compliance with PREA provision 115.41 (b) based on the documentation provided, interviews conducted and the review of completed assessments.

115.41 (c)

The JCJ Policy 509, Inmate Classification, requires information obtained from the assessment and screening be utilized to determine appropriate housing and bed assignments. Inmates at JCJ are not assigned to jobs or programs. The form was designed with an outcome of objectivity based upon facts.

The auditor finds the jail in compliance with PREA provision 115.41(c) based on documentation.

115.41(d)

The auditor reviewed the intake screening questionnaire. The intake questionnaire contains all of the criteria listed in the standard. An interview was conducted with a staff person who performs the screenings for risk of victimization or abusiveness. He was able to identify the areas that the PREA standard required.

The auditor observed the intake process during the onsite portion of the audit.

The auditor finds the jail in compliance with PREA provision 115.41 (d) based upon documentation provided, the review of the assessment tool and the staff interview.

115.41 (e)

The Intake screening questionnaire was reviewed and contained all of the required criteria set forth in the PREA provision. The intake screening questionnaire considers acts of sexual abuse, prior convictions of any type of sexual misconduct, history of sexually aggressive behavior, history of prior institutional violence and prior convictions for violent offenses.

The interview with the staff who perform the screening for risk of victimization and abusiveness confirmed the questions that exist on the current screening tool.

The auditor finds the jail in compliance with PREA provision 115.41 (e) based on documentation provided and the interview conducted.

115.41 (f)

JCJ Policy 509, Inmate Classification, initially required that the status of all inmates who have been incarcerated in the jail for more than 30 days be reviewed. The review now occurs within 30 days. Screening documents provided on initial intakes, 24-hour reviews and reassessments completed on inmates assigned within 30 days were received and reviewed.

Interviews with a random sample of inmates was conducted. Most remembered being asked the intake screening questions upon arrival at the jail. Those who were there longer remember being asked again.

The auditor finds the jail in compliance with the PREA provision 114.41 (f) based on documentation provided, interview conducted with Intake screening staff and random interviews with offenders.

115.41 (g)

The JCJ Policy 509, Inmate Classification, require that an inmate's risk level will be reassessed when required due to a referral, a request, or incident of sexual abuse or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

Interviews with staff responsible for risk screening were not aware that any incident had occurred that required a reassessment.

The auditor finds the jail in compliance with the PREA provision 115.41 (g) based on interviews conducted and documentation provided.

115.41 (h)

The JCJ Policy 509, Inmate Classification dictates that inmates may not be compelled by threat of discipline to provide information or answers regarding:

- Whether the inmate has a mental, physical, or developmental disability.
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming.
- Whether the inmate has previously experienced sexual victimization.
- The inmate's own perception of vulnerability.

There was no documentation provided indicating that any inmate had ever refused to answer these questions and not be subjected to discipline. No staff could recall an inmate refusing to answer any questions either.

The auditor finds the jail in compliance with PREA provision 115.41 (h) based on the documentation (policy) provided.

115.41 (i)

The JCJ Policy 509, Inmate Classification, requires that direct that information obtained in response to screening questions shall be considered confidential and shall only be made available to those who have legitimate need to know.

After speaking with the PREA Coordinator and screening staff indicated that most jail staff have access to each inmate's electronic record.

The auditor finds that the jail is in compliance with PREA provision 115.41(i) based on documentation provided and interviews conducted.

Corrective Action:

1. None

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 509, Classification (pp. 1-3, 6), Draft 05/01/19
 - b. JCJ Policy 807, Inmate Hygiene, (p. 5)
 - c. JCJ General Order III-C 157-4, Admission Procedure-Strip Search
 - d. JCJ General Order III-C 123-4, Admission Procedures-Initial Inmate Search
 - e. JCJ General Order III-C 180-3 Initial Inmate housing Assignment
 - f. JCJ General Order III-D 100-3 Inmate Classification Plan
2. Interviews:
 - a. PREA Compliance Manager
 - b. Staff responsible for Risk Screening
 - c. There were no Transgender and Intersex inmates during on-site review
3. Onsite Observation Reviews:
 - a. The auditor did observe the shower stalls throughout the facility

Findings:

115.42 (a)

The JCJ Policy 509, Inmate Classification, requires that information from the screening assessment be used to determine housing and bed assignments with the goal of keeping those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The jail does not assign inmates to work and programming due to the length of their stay. The facility makes individual determinations considering the safety of each offender.

Examples were provided of how the screening tool was utilized for bed and housing assignments.

The auditor finds the jail in compliance with PREA provision 115.42 (a) based on documentation provided and interviews conducted.

115.42 (b)

The JCJ Policy 509, Inmate Classification, states that housing and program assignments of all inmates shall include individualized consideration for the inmate's health and safety.

The auditor finds the jail in compliance with PREA provision 115.42 (b) based on documentation provided and the interview conducted.

115.42 (c)

The language in JCJ Policy 509, Inmate Classification, was consistent with the provision. The PREA Compliance Coordinator stated that the facility considers whether placement will ensure the offender's health and safety as well as whether it would present management or security problems.

The auditor finds the jail in compliance with PREA provisions 115.42 (c) based on documentation provided and the interviews conducted.

115.42 (d)

The JCJ Policy 509, Inmate Classification, requires that housing and program assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats experienced by the inmate. Staff who perform the risk screening stated that they have not been aware of any transgender or intersex inmate being housed in the jail long enough to be reassessed. There were no transgender inmates assigned to the jail during the onsite review.

The auditor finds the jail in compliance with PREA provision 115.42(d) based on documentation and interviews that were conducted.

115.42 (e)

JCJ Policy 509, Inmate Classification, is consistent with the provision and requires that a transgender or intersex offender's views with respect to his or her own safety will be given serious consideration. During interviews with screening staff and PREA Coordinator, both said they would consider a transgender or intersex inmate's views with respect to his or her own safety. The screening tool does ask an inmate about their own views with respect to their own safety.

The auditor finds the jail in compliance with PREA provision 115.42(e) based on documentation provided and interviews conducted.

115.42 (f)

JCJ Policy 807, Inmate Hygiene, language is consistent with the provision. Self-identified transgender and intersex inmates will be given the opportunity to shower separately from other offenders.

During the tour, the auditor was shown two separate shower areas that a transgender or intersex inmate would be allowed to utilize.

The auditor finds the jail in compliance with PREA provision 115.42 (f) based on documentation provided and interviews conducted.

115.42 (g)

JCJ Policy 509, Inmate Classification was consistent with the provision. The PREA Coordinator confirmed that lesbian, gay, bisexual, transgender or intersex inmates were not housed in designated cell blocks solely because of their sexual orientation, genital status or gender identity.

There had been no transgender or intersex inmates assigned to the jail in the last 12 months.

The auditor finds the jail in compliance with PREA provision 115.42 (g) based on documentation and interviews conducted.

Corrective Action:

1. None

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 509, Inmate Classification, (p. 6) Draft 05/01/19.
 - b. JCJ Policy 606, Prison Rape Elimination Act, (p. 10), Draft 05/01/19
 - c. JCJ General Order III-C 180-3, Initial Inmate Housing Assignment, (p. 1), 01/01/07
 - d. JCJ General Order III-D 100-3, Inmate Classification Plan, (pp. 3-4), 01/01/07
2. Interviews:
 - a. Jail Captain
 - b. Staff who supervise inmates in segregated housing
3. Onsite Observation Reviews:
 - a. None

Findings:

115.43 (a)

The JCJ Policy 606, Prison Rape Elimination Procedure, CDOC, requires that offenders at high risk for sexual victimization shall not be placed in protective custody housing unless an assessment of available alternatives has been made, and a determination has been made that there is no reasonably available alternative means of separation. The jail reported on the PAQ that they did not have any inmates at risk of sexual victimization who were held in involuntary segregation housing in the past 12 months for one to 24 hours awaiting completion of assessment.

An interview with the Jail Captain was conducted. When an inmate reports potential sexual victimization, staff will continue asking questions regarding the potential victimization. The inmate would most likely be placed in a cell block with fewer inmates that are not predatory.

There were no examples of any housing assignments of inmates at high risk of sexual victimization provided.

The auditor finds the jail in compliance with PREA provision 115.43 (a) based on documentation and interview conducted.

115.43(b)

The language in the JCJ Policy 606, Prison Rape Elimination Act are consistent with the PREA provision. The facility does not have an actual segregated housing area. They do however have a single holding cell that is used for short term placements. Staff could not recall an incident where an offender was placed in the holding cell who was at high risk for sexual victimization or alleged to have suffered sexual abuse or assault. Unless an inmate was actively harming themselves, an inmate's privileges would not be restricted.

There were no offenders in any form of holding during the onsite visit.

The auditor finds that the jail is in compliance with PREA provision 115.43 (b) based on documentation provided and staff interviews.

115.43 (c)

The language in JCJ Policy 606, Prison Rape Elimination Act and JCJ Policy 509, Inmate Classification, is consistent with the provision. The jail reported on the PAQ that they did not have any offenders at risk of sexual victimization who were assigned to involuntary segregation housing in the past 12 months for longer than 30 days while awaiting alternative placement.

An interview with the staff who supervise offenders in segregated housing do not recall having any offenders assigned to the restricted housing for being high risk for sexual victimization. Staff reported that there are enough cell blocks available to separate high risk victims/aggressors.

The auditor finds that the jail is in compliance with PREA provision 115.43 (c) based on documentation provided and staff interviews.

115.43 (d)

There were no case files to review of inmates at risk of sexual victimization held in involuntary segregated housing as the facility did not assign any offenders to restricted housing for being at risk for sexual victimization. The jail has several additional cell blocks that could be utilized as an alternative assignment and staff explained they would utilize different cell blocks to separate individuals.

The auditor finds the jail in compliance with PREA provision 115.43 (d) based on documentation provided and interviews conducted.

115.43(e)

The language in the JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision.

Staff reiterated what the policy said in regards to the 30-day review being conducted. There have been no inmates assigned to involuntary segregated housing during the past 12 months.

The auditor finds the jail in compliance with PREA provision 115.43 (e) based on documentation provided and interviews conducted.

Corrective action:

1. None

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 604, Foreign National and Diplomats, (p. 2), Draft 05/01/19
 - b. JCJ Policy 606, Prison Rape Elimination Act, (pp. 2-5), Draft 05/01/19
 - c. JCJ Inmate handbook, English and Spanish Versions
 - d. JCJ PREA Brochure, English and Spanish Versions
 - e. PREA Posters, English and Spanish Version
2. Interviews:
 - a. Random Sample of Staff
 - b. Random Sample of Inmates
3. Onsite Observation Reviews:
 - a. The auditor observed signage throughout the facility during the onsite portion of the audit.

Findings:

115.51 (a)

The JCJ Policy 606, Prison Rape Elimination Act, CDOC Administrative Regulation 100-40, Prison Rape Elimination Procedures has language consistent with the provision. The procedure states that offenders may report allegations verbally or in writing to any JCJ

employee, completing a JCJ PREA Referral/Medical Services form, an agency representative, contract worker or volunteer. Information provided in the JCJ Inmate Handbook indicates that an inmate can report an alleged assault verbally, by letter, anonymously or through a third party. In addition to JCJ staff, the Inmate Handbook also states that an inmate can also report to Jail Alternatives staff, their attorney, a representative of the Rape Victim Advocacy Program (RVAP) representative, the Johnson County Attorney's Office, Johnson County Public Defender's Office or the National Sexual Assault Hotline. The National Sexual Assault Hotline contact number is also provided.

The PREA brochure that inmates are provided upon intake also details the same reporting methods listed above. These pamphlets are available in English and Spanish. This information is also in the Inmate handbook.

During the onsite review, the auditor observed signage in the cell blocks and various other areas throughout the facility informing offenders about JCJ zero-tolerance policy regarding sexual abuse, sexual assault and sexual harassment of an offender. Addresses and phone numbers were available on the posters.

A random sample of offenders were interviewed. They reported a variety of ways they could report an incident of sexual abuse, sexual assault or sexual harassment or retaliation by other offenders or staff for report such an incident. Most offenders stated they would be comfortable reporting an incident of sexual assault, sexual abuse, sexual harassment or retaliation to a staff member. They also said that they knew where to obtain an address if they decided to submit a report in writing. Submitting a grievance was also mentioned as an option of reporting. A random sample of staff were also interviewed. They all stated that an offender could verbally report most individuals throughout the facility including volunteers. Staff also reported that the offender could report via the inmate calling system or writing correspondence to any staff.

The auditor finds the jail in compliance with PREA provision 115.51 (a) based on documentation received, onsite observations and interviews conducted.

115.51 (b)

The JCJ Policy 606, Prison Rape Elimination Act states that an inmate can report sexual abuse, sexual assault or sexual harassment to an organization that is not part of JCJ. Inmates can report in writing using a PREA Report/ Medical Request form. Inmates can remain anonymous by not identifying themselves on the form.

The offenders can also call the RVAP Advocacy Program and the National Sexual Assault Hotline.

JCJ Policy 604, Foreign Nationals and Diplomats, states that inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular

officials and officials at the U.S. Department of Homeland Security. These inmates are also provided information on how to contact US Customs and Immigration Enforcement.

The auditor finds the jail in compliance with PREA provision 115.51 (b) based on documentation received.

115.51 (c)

The JCJ Policy 606, Prison Rape Elimination Act, requires JCJ employees, agency representatives, contract workers and volunteers who become aware of an incident of sexual abuse, sexual harassment, or retaliation against inmates or staff shall immediately notify a supervisor. Inmates may report sexual abuse or sexual harassment incidents anonymously or to any staff. Staff shall also accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports.

Incident reports were provided that indicated both prompt reporting by the initial employee the offender reported their allegation to.

A random sample of staff were interviewed. They were all familiar with the different methods that an inmate could report incidents of sexual assault, sexual abuse, sexual harassment and retaliation. Staff stated they would immediately report any verbal reports to the supervisors. In addition, they would also document the verbal report on an incident report. Interviews with a random sample of inmates. They reported that they knew they could verbally report by telling any staff. The inmates also knew they could report using the options listed in the handbook and on the posters in the cell blocks.

Documentation was provided that indicated prompt reporting by the initial employee that the inmate reported the allegation to.

The auditor finds the jail in compliance with PREA provision 115.51 (c) based on documentation provided and inmate interviews.

115.51 (d)

The JCJ Policy 606, Prison Rape Elimination Act, explains that JCJ staff may also privately report sexual abuse and sexual harassment of inmates through a report to the Jail Captain, who is also the PREA Coordinator.

Interviews were conducted with a random sample of staff. The staff stated they knew they could report incidents to the PREA Coordinator.

The auditor finds the jail in compliance with PREA provision 115.51 (d) based on documentation received and interviews conducted.

Corrective Action:

1. None

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 609, Inmate Grievances, (pp.3-4), Draft 05/01/19
 - b. JCJ Inmate Handbook
2. Interviews:
 - a. Grievance Investigator
 - b. Offenders who reported a sexual abuse
3. Onsite Observation Reviews:
 - a. The inmate handbook was reviewed during the onsite tour. Appropriate language is noted in the handbook explaining the grievance process to the inmate.

Findings:

115.52 (a)

The JCJ Policy 609, Inmate Grievances, allows inmates with an opportunity to resolve all grievances at the lowest level prior to utilizing the formal grievance process. The purpose of the policy is to establish procedures for inmates to file formal grievances, to include issues related to sexual abuse, sexual assault and sexual harassment. The procedure ensures that a

process be in place to allow for the processing, management and resolution to grievances submitted by inmates. The facility reported on the PREA Audit Questionnaire form that they received zero grievances the past 12 months for alleged sexual abuse, sexual assault or sexual harassment.

When a staff member receives a grievance, the grievance is forwarded to a supervisor. The supervisor receiving the grievance shall refer the grievance to the Shift supervisor for investigation. The shift supervisor ensures that grievances related to sexual abuse are investigated and resolved within 90 days of the initial filing with an extension being granted for up to 70 days. Any inmate who believes he/she or any other inmate is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor determines whether immediate action is reasonably necessary to protect the inmate and shall provide an initial response within 48 hours. The grievance is then referred to the Shift Supervisor who will investigate the grievance and issue a final decision within 5 calendar days. These responses are then forwarded to the Jail Captain.

The auditor finds the jail in compliance with PREA provision 115.52 (a) based on provided documentation.

115.52 (b)

Language noted in the JCJ Policy 609, Inmate Grievances, states, that there is no time limit on when an inmate can file a grievance regarding the allegation of sexual abuse. Inmates are not required to use any informal grievance process or to otherwise attempt to resolve with a staff, an alleged incident of sexual abuse.

The facility noted on the PAQ that they permit an offender to submit a grievance at any time regardless of when the incident alleged to have occurred. They also stated they do not require the offender to use an informal grievance process, to otherwise attempt to resolve with staff an alleged sexual abuse allegation.

The auditor finds the jail in compliance with PREA provision 115.52 (b) based on documentation provided and interviews that were conducted.

115.52 (c)

The language in the JCJ Policy 609, Inmate Grievances, was consistent with the provision. The procedure states that if an offender alleges sexual abuse they may submit a grievance without submitting it to a DOC employee who is the subject of the complaint, and such a grievance is not referred to DOC employee who is the subject of the complaint.

There have been zero grievances submitted by an inmate that alleges any sexual abuse situations.

The auditor finds the jail in compliance of PREA provision 115.52 (c) based on documentation provided and interviews conducted.

115.52 (d)

The JCJ Policy 609, Inmate Grievances, language is consistent with the provision. The procedure requires that the total time for a final grievance response concerning an allegation of sexual abuse will not exceed 90 days. A request for an extension of time for up to 70 days to respond to a grievance alleging sexual abuse if the good faith effort to respond to the allegations may be approved. The offender will be notified in writing of any extension.

Although there have been no grievances filed related to an incident of alleged sexual abuse, I was able to view that other grievances were responded to within the required timelines.

The auditor finds the jail in compliance of PREA provision 115.52 (d) based on documentation provided and interviews conducted.

115.52(e)

The JCJ Policy 609, Inmate Grievances language is consistent with the provision. The procedure explains how third parties, to include other inmates, staff members, family members, attorneys, and other outside advocates may assist offenders in requesting grievance forms for allegation of sexual abuse and will also be permitted to file such requests on behalf of offenders. The procedures require that the alleged victim offender must agree to proceed with the grievance process for requests made by third parties in order for the grievance to be processed. The inmate's decision must be documented. With no grievances being filed during the past 12-month time period for alleged sexual victimization, there was nothing reported on the PAQ.

The auditor finds the jail in compliance with PREA provision 115.52 (e) based on documentation provided.

115.52(f)

JCJ Policy 609, Inmate Grievances, is consistent with the provision. The policy states that any inmate who believes he/she or any other inmate is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor shall determine whether immediate action is reasonably necessary to protect the inmate and shall provide an initial response within 48 hours. The supervisor refers the grievance to the Shift Supervisor, who investigates and issues a final decision within 5 calendar days. The initial response and final decision shall be documented and shall include a determination whether the inmate is in substantial risk of imminent sexual abuse and identify actions taken in response to the emergency grievance.

There have been no emergency grievances filed related to alleged sexual abuse issues.

The auditor finds the jail in compliance with PREA provision 115.52 (f) based on documentation provided.

115.52(g)

JCJ Policy 609, Inmate Grievances, is consistent with the provision. According to the policy, inmates may be disciplined for filing a false grievance related to alleged sexual abuse only when it is determined that the inmate filed the grievance in bad faith.

According to the PAQ completed by the facility, there have been no inmate grievances alleging sexual abuse that resulted in disciplinary action by the jail against an inmate for having filed the grievance in bad faith.

The auditor finds the jail in compliance with PREA provision 115.52 (g) based on documentation provided.

Corrective Action:

1. None

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (pp.2-5), Draft 05/01/19
 - b. JCJ Policy 503, Inmate Handbook and Orientation, (pp. 1-2) Draft 05/01/19
 - c. JCJ Inmate Handbook-English and Spanish Versions
 - d. Rape Victim's Advocacy Program Memorandum of Understanding
 - e. JCJ PREA Brochure-English and Spanish Versions
 - f. JCJ PREA Posters-English and Spanish Versions
2. Interviews:
 - a. Random Sample of Inmates
 - b. Inmates who reported a sexual abuse
3. Onsite Observation Reviews:
 - a. The auditor observed postings with telephone numbers and advocacy centers in each housing unit and various other locations throughout the facility.

Findings:

115.53 (a)

The language in JCJ Policy 503, Inmate Handbook and Orientation, is consistent with the provision. The JCJ Inmate Handbook is provided to all inmates and notates an inmate's ability

to call a toll-free number for the National Sexual Assault Hotline and the Rape Victim Advocacy Program. Inmates are advised these calls are free, confidential and not recorded. The PREA Pamphlet also contains contact information for statewide, national and local rape crisis centers who offer a variety of resources. The RVAP and National Sexual Assault Hotline both offer confidential services. Signage, in English and Spanish, was also posted in each cell block with rape crisis centers contact information.

JCJ also provides inmates with a toll-free telephone number and address of U.S. Customs and Immigration Enforcement for those detained solely for civil immigration purposes.

Inmates who reported sexual abuse reported that they knew where to find victim advocacy information if they required support outside of the services.

The auditor finds the jail in compliance with PREA provision 115.53 (a) based on documentation provided and interviews conducted.

115.53 (b)

The language in the JCJ Inmate Handbook, Section D, is consistent with the provision. The PREA Pamphlet that is provided to all inmates, notates an inmate's ability to call a toll-free number for the National Sexual Assault Hotline and the Rape Victim Advocacy Program. Inmates are advised these calls are free, confidential and not recorded. The PREA Pamphlet also contains contact information for statewide, national and local rape crisis centers who offer a variety of resources. The RVAP and National Sexual Assault Hotline both offer confidential services. JCJ Policy 606, Prison Rape Elimination Act indicates that any victim under the age of 18 or considered a vulnerable adult under state law, the assigned investigator shall report the allegation to the designated social services agency, Department of Health and Human Services.

Inmates who reported sexual abuse reported that they knew where to find victim advocacy information if they required support outside of the services.

The auditor finds the jail in compliance with PREA provision 115.53 (b) based on documentation provided.

115.53 (c)

MOU's with the Rape Victim Advocacy Program (RVAP) is in place with the Johnson County Jail.

RVAP is a non-profit organization that offers advocacy services to the inmate population.

The auditor finds the jail in compliance with PREA provision 115.53 (d) based on documents provided.

Corrective Action:

1. None

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison rape Elimination Act, (p. 5) Draft 05/01/19
 - b. PREA Pamphlets available to visitors
 - c. JCJ Website
 - d. PREA Posters in Lobby area and Visiting
2. Interviews:
 - a. None
3. Onsite Observation Reviews:
 - a. None

Findings:

115.54 (a)

The JCJ Policy 606, Prison Rape Elimination Act states that shall provide information to all visitors or third parties on how they may report any incident, or suspected incident, of sexual abuse or sexual harassment to a staff member. Reports can be made by calling, write or email the jail staff and telling any staff on duty. There is also information available in a brochure that is kept near the visiting room for visitors to take home. Signage is posted near visiting areas that provides telephone numbers and addresses to contact to report PREA incidents.

Third parties can also access the PREA information tab on the JCJ Website. Information is available explaining various ways to report an alleged incident of sexual assault, sexual abuse, sexual misconduct or sexual harassment.

The auditor finds the jail is in compliance with PREA provision 115.54 (a) based on documentation provided.

Corrective Action:

1. None

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent

necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison rape Elimination Act, (pp. 5-6), Draft 05/01/19
2. Interviews:
 - a. Random Sample of Staff
 - b. Jail Captain/PREA Coordinator

3. Onsite Observation Reviews:
 - a. None

Findings:

115.61 (a)

The language in JCJ Policy 606, Prison Rape Elimination Act, was consistent with most of the provision. JCJ employees, contract workers and volunteers will accept reports made verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports and will immediately and confidentially report to their supervisor or the Shift Supervisor. The policy also indicates that inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation.

Policy language requires that all staff promptly report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

A random sample of staff were interviewed. Staff reported that they were trained to immediately report any knowledge, suspicion, or information regarding incidents of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment that took place in the facility, whether or not it is part of the agency, retaliation against inmates or staff who reported such an incident. Staff reported they would notify the shift supervisor verbally at first and submit their report as soon as the inmate is safe. The Jail Captain/PREA Coordinator would be notified by the Shift Supervisor.

The auditor finds the jail in compliance with provision 115.61(a) based on documentation provided and interviews conducted.

115.61 (b)

The language in JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. CDOC Employees, contract worker and volunteers will not reveal any information related to a sexual assault/rape, sexual abuse, sexual misconduct or sexual harassment report to anyone other than to supervisors, investigators and designated officials. A random sample of staff were interviewed. Staff all stated that once they reported the sexual assault/rape, sexual abuse, sexual misconduct or sexual harassment information they would not tell anyone else.

The auditor finds the jail in compliance with provision 115.61 (b) based on documentation provided and interviews conducted.

115.61 (c)

The language in JCJ Policy 606, Prison Rape Elimination Act was consistent with the provision. Medical practitioners and mental health practitioners will be required to report sexual abuse and sexual assault and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Medical and mental health staff (Jail Alternatives staff) were interviewed. They reported that they inform offenders at the onset of

services what their limitations to confidentiality are and what their duty to report is. As all other staff, they are required to report any knowledge, suspicion or information regarding an incident of past or current incidents of sexual abuse/sexual assault.

The auditor finds the jail in compliance with provision 115.61(c) based on documentation provided and interviews conducted.

115.61(d)

The language in JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. The procedure requires if a victim is under the age of 18 or considered a vulnerable adult under state law, the assigned investigator shall report the allegation to the designated social services agency (Department of Health and Human Services) as required.

The Jail Captain/PREA Coordinator was interviewed and reported that the facility does not house offenders who are under the age of 18. If an offender was identified as a vulnerable adult according to state statute their safety would be on the forefront and the inmate may be separated as any other victim. DHHS would be contacted by the detective assigned as the investigator and this would be mentioned in the report. The jail reported there have been no incidents of a vulnerable adult being a victim of sexual assault.

The auditor finds the jail in compliance with provision 115.61(d) based on documentation provided and interviews conducted.

115.61(e)

The language in JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. The staff receiving the outside reports or anonymous reports will handle in the same manner as other reports of sexual abuse/harassment. They would notify the supervisor who would notify the Shift Supervisor and the Jail Captain/PREA Coordinator. A written report is submitted with a copy being sent to the PREA Administrator. The Jail Captain/PREA Coordinator advised the investigation would be handled by a detective within the Sheriff's Office.

The auditor finds the jail in compliance with provision 115.61(e) based on documentation provided and interviews conducted.

Corrective Action:

1. None

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison rape Elimination Act, (p. 5), Draft 05/01/19
 - b. JCJ General Order, III-F 400-1, Sexual Misconduct Policy, (p. 6), dated 05/06/14
2. Interviews:
 - a. Agency Head designee
 - b. Jail Captain/PREA Coordinator
 - c. Random sample of staff
3. Onsite Observation Reviews:
 - a. None

Findings:

115.62 (a)

The jail reported on the PAQ that the facility did not have any offenders that were subject to substantial risk of imminent sexual abuse in the past 12 months.

The procedure requires that if any employee, contract worker or volunteer learns that an offender is subject to a substantial risk of imminent sexual abuse or sexual assault/rape, that person will take immediate action to protect the offender.

The auditor finds the jail in compliance with provision 115.62(a) based on documentation provided and interviews conducted.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (p. 5), Draft 05/01/19
2. Interviews:
 - a. Agency Head designee

b. Jail Captain. PREA Coordinator

3. Onsite Observation Reviews:

a. None

Findings:

115.63 (a)

The facility did not report that were any allegations the facility received that an inmate was abused while confined at another facility. Policy 606, Prison Rape Elimination Act requires if there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the jail Administrator shall notify the head of that facility as soon as possible but no later than 72 hours after receiving the allegation. The Jail Administrator shall ensure that the notification has been documented.

There were no cases to review until the corrective action period. A report was provided about an inmate that report sexual assault while in another county jail. Documentation was provided that the Jail Administrator of the JCJ contacted the Jail Administrator of the jail the inmate alleged the sexual assault occurred. The situation was investigated by the other county and the results were shared with the JCJ.

The auditor finds the jail in compliance with PREA provision 115.63(a) based on documentation reviewed.

115.63 (b)

Policy 606, Prison Rape Elimination Act requires if there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the jail Administrator shall notify the head of that facility as soon as possible but no later than 72 hours after receiving the allegation.

The auditor finds the jail in compliance with PREA provision 115.63 (b) based on documentation provided.

115.63 (c)

Policy 606, Prison Rape Elimination Act requires if there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the jail Administrator shall notify the head of that facility as soon as possible but no later than 72hours after receiving the allegation. The Jail Administrator shall ensure that the notification has been documented.

There have been no incidents that an inmate reported they were sexually abused while confined at another facility.

The auditor finds the jail in compliance with PREA provision 115.63 (c) based on documentation provided.

115.63 (d)

Policy 606, Prison Rape Elimination Act, requires if there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Jail Administrator shall notify the head of that facility as soon as possible but no later than 72 hours after receiving the allegation. The Jail Administrator shall ensure that the notification has been documented. Allegations from other facilities/agencies are investigated in accordance with the PREA standards.

Documentation was provided that information received from another agency was investigated in accordance with the standard.

The auditor finds the jail in non-compliance with PREA provision 115.63 (d) based on documentation provided.

Corrective Action:

1. None

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (p. 6), draft 05/01/19
2. Interviews:
 - a. Security staff and non-security staff first-responders
 - b. Offenders who reported sexual abuse
 - c. Random sample of staff
3. Onsite Observation Reviews:
 - a. None

Findings:

115.64 (a)

The JCJ Policy 606, Prison Rape Elimination Act, was provided. Immediate response procedures meet all provisions of the standard. Appropriate security procedures requires staff to separate the perpetrator and victim; request medical assistance as appropriate; establish the crime scene to preserve and protect any evidence, identify and secure witnesses, ensure that the alleged victim and alleged abuser do not take any actions that could destroy physical evidence (showering, washing, brushing teeth, urinating, defecating, eating, drinking, and smoking).

The facility reported that there were no allegations made in the past 12 months that an inmate was sexually assaulted.

Interviews were conducted with security first responders who all responded with all provisions of the standard. Offenders who reported sexual abuse were also interviewed. The offenders who were interviewed stated that staff responded quickly.

The auditor finds the jail in compliance with PREA provision 115.64 (a) based on interviews with staff and the documentation provided.

115.64 (b)

The Policy 606, Prison Rape Elimination Act, requires if the first responder is not a deputy, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify the deputy. Of the allegations that an inmate was sexually abused that were made in the past 12 months, none of these situations involved a non-security staff member as the first responder.

Non-Security staff were interviewed and their responses met all of the criteria of the provision.

The auditor finds the jail in compliance with PREA provision 115.64 (b) based on interviews with staff and the documentation provided.

Corrective Action:

1. None

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison rape Elimination Act, (p. 2), dated 07/01/18
2. Interviews:
 - a. Jail Captain/PREA Coordinator
3. Onsite Observation Reviews:
 - a. None

Findings:

115.65(a)

The JCJ Policy 606, Prison Rape Elimination Act, designates that the PREA Coordinator's responsibility includes (a) Developing a written plan to coordinate response among staff first responders, medical and mental health practitioners, investigators and facility management to an incident of sexual abuse. The Plan must also outline the office's approach to identifying imminent sexual abuse toward inmates and preventing and detecting such incidents.

The JCJ PREA Response Plan was provided and entails the criteria specified in the standard. There is also a checklist utilized to ensure steps aren't missed.

The Jail Captain/PREA Coordinator was interviewed.

The auditor finds the jail in compliance with PREA provision 115.65 (a) based on interview conducted and the documentation provided.

Corrective Action:

1. None

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining

agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (p. 2), Draft 05/01/19
2. Interviews:
 - a. Agency Head designee
3. Onsite Observation Reviews:
 - a. None

Findings:

115.66 (a)

According to the PAQ, the agency, facility, or other government entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012 or since the last PREA audit, whichever is later. There is no collective bargaining unit for JCJ employees.

The Agency Head reported that Personnel Regulations allow employee discipline to occur. This can include suspension, reassignment to another area of the facility, and up to termination.

The auditor finds the jail in compliance with PREA provision 115.66 (a) based on the interview conducted and documentation provided.

Corrective Action:

1. None

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (p.5), draft 05/01/19
2. Interviews:
 - a. Agency Head designee
 - b. Warden
 - c. Designated Staff member Charged with Monitoring Retaliation
 - d. Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse. (There were no offenders housed in segregation during the onsite review.)
 - e. Inmates who reported sexual abuse
3. Onsite Observation Reviews:
 - a. None

Findings:

115.67 (a)

The JCJ Policy 606, Prison Rape Elimination Act, was consistent with the language in the provision. All inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation.

The Jail Captain/PREA Coordinator shall assign a supervisor to monitor inmates or staff who report sexual abuse or sexual harassment, as well as inmates who were reported to have suffered sexual abuse. The Jail Captain, Lt. and 5 Sgts. are designated to monitor retaliation.

The auditor finds the jail in compliance with PREA provision 115.67 (a) based on the documentation provided.

115.67 (b)

JCJ Policy 606, Prison Rape Elimination Act language was consistent with the provision. This policy requires that the jail utilize protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment or reassignment of the victim or alleged perpetrator to another housing area, and emotional support services for inmates or staff who fear retaliation.

The Agency Head was interviewed. They advised that policy was in place that protected any person from any sort of retaliation.

The Jail Captain/PREA Coordinator was interviewed. If he does not conduct the retaliation monitoring himself, he will assign another supervisor to conduct it. They monitor an inmate's disciplinary records to ensure an individual is not be targeted through a disciplinary report. They also monitor housing assignments.

An offender who reported sexual abuse was also interviewed. The offender did not have any complaints.

The auditor finds the jail in compliance with PREA provision 115.67 (b) based on documentation provided and interviews conducted.

115.67 (c)

JCJ Policy 606, Prison Rape Elimination Act, requires that monitoring is conducted for at least 90 days, the conduct and treatment of inmates or staff who report sexual abuse or sexual harassment, as well as inmates who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor monitoring shall act promptly to remedy any retaliation. The supervisor monitoring should consider inmate disciplinary reports, housing or program changes, negative staff performance reviews or reassignment of staff members. If necessary, monitoring may continue beyond 90 days if needed.

Retaliation logs were available but there has never been an instance where retaliation was required as inmates involved were no longer at the jail.

The auditor finds the jail in compliance with PREA provision 115.67 (c) based on documentation provided and interviews conducted.

115.67 (d)

This provision requires periodic status checks of offenders being monitored. JCJ Policy 606, Prison Rape Elimination Act, inmate monitoring shall also include periodic status checks.

No documentation was provided indicating any monitoring has been conducted as there were no inmates that ever required monitoring. JCJ has a monitoring log that can be utilized if an inmate requires monitoring.

The auditor finds the jail in compliance with PREA provision 115.67 (d) based on documentation provided and interview conducted.

116.67 (e)

This provision requires that a facility take appropriate steps to protect an individual who cooperates with an investigation from retaliation if they express a fear. JCJ Policy 606, Prison Rape Elimination Act, includes this provision language stating that if any other individual who cooperates with an investigation expresses a fear of retaliation, the jail shall take reasonable measures to protect that individual against retaliation.

The Jail Captain/PREA Coordinator advised that protective measures would be the same as anyone else and may include housing changes, transfers, and removing the alleged abusers from contact with this person, administrative reassignment or reassignment of this person.

No information was received that that any incidents described in this standard had occurred at the jail. A Staff Monitoring for Retaliation form would be utilized if a situation occurred that required a staff member be monitored for potential retaliation from reporting an incident.

The auditor has found the jail in compliance with PREA provision 115.67 (e) based on the interview conducted and documentation provided.

115.67 (f)

The auditor is not required to audit this provision.

Corrective Action:

1. None

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 509, Inmate Classification, (p. 6), Draft 05/01/19
2. Interviews:
 - a. Jail Captain/PREA Coordinator
 - b. Staff who Supervise Inmates in Segregated Housing
 - c. Offenders in segregated housing (none interviewed as no segregation)
3. Onsite Observation Reviews:
 - a. None

Findings:**115.68 (a)**

This standard is similar to standard 115.43. It requires any use of segregated housing to protect an offender who has alleged to have suffered sexual abuse to be subject to the requirements of Standard 115.43. Standard 115.43 addresses the use of segregation for an offender who is determined to be a high risk for sexual abuse.

The JCJ Policy 509, Inmate Classification, requires that inmates at high risk for sexual victimization shall be monitored and housed in an area that will minimize the risk to their safety. However, inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers.

The facility reported on the PAQ that they did not have any inmates at risk of sexual victimization who were held in involuntary segregation the past 12 months for one to 24 hours awaiting completion of an assessment. There were no records to review of any offender that was alleged to have suffered sexual abuse. There were no offenders interviewed that were in segregation (for risk of sexual victimization/who have alleged to have suffered sexual abuse.

An interview with the Jail Captain/PREA Coordinator was conducted. He reported that when an inmate reports an incident, staff will relocate the victim to another cell block at the jail where their safety is not compromised.

The auditor finds the jail in compliance with PREA provision 115.68 (a) based on documentation reviewed and interviews conducted.

Corrective Action:

1. None

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. CJC General Order, III-F 400-1, Sexual Misconduct Policy, (p. 7) dated 05/06/14
 - b. CJC Policy 606, Prison Rape Elimination Act, (pp. 8-9), Draft 05/01/19
 - c. CJC General Order II-B 010-1 Collection and Preservation of Evidence (all) 01/01/07
2. Interviews:
 - a. Investigative Staff
 - b. Inmates Who Reported a Sexual Abuse
3. Onsite Observation Reviews:
 - a. None

Findings:

115.71(a)

Language in the JCJ Policy 606, Prison Rape Elimination Act the jail will take appropriate affirmative measures to protect all inmates from sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment. The policy also requires that administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment.

Based upon the information provided on the PREA Audit Request for Information Form, JCJ Investigations and the Allegations of Sexual Abuse activity form, the auditor was able to determine the facility had 0 sexual abuse allegations and 4 sexual harassment allegations for the period 06/01/18 to 5/31/19. Of the four sexual harassment allegations, two were against staff and two were against inmates. All four of the allegations were unfounded. All allegations were investigated by a Detective from the Johnson County Sheriff's Office.

The auditor finds the jail in compliance with PREA provision 115.71 (a) based on documentation provided.

115.71 (b)

JCJ Policy 606, Prison Rape Elimination Act, is consistent with the provision. The provision requires that the agency use investigators who have received special training in sexual abuse investigations is pursuant to standard 115.34.

The Detective reported that when he went thru training (National Institute of Corrections PREA: Investigating Sexual Abuse in a Confinement Setting and PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations) the training was specific to conducting investigations in confinement settings. Confidentiality, patience with victims, victim rights, privacy during interviews, interview techniques, Miranda Rights and Garrity Advisement, and the forensic medical exams were key points to the training. Training certificates were provided verifying the investigator completed the conducting sexual abuse investigations in confinement settings. The investigator also attended the Iowa Law Enforcement Academy.

The audit team finds the jail in compliance with PREA provision 115.71(b).

115.71(c)

JCJ Policy 606, Prison Rape Elimination Act, does not have any language specific to this standard. JCJ General Order II-B 010-1 Collection and Preservation of evidence at the Scene and Evidence Records also doesn't cover all aspects of this standard. There is no mention of how electronic monitoring data evidence is maintained.

All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. There is no requirement that electronic monitoring data is reviewed as part of the investigation process;

The investigator said if necessary, he would conduct a video review and an evidence review. The Investigator stated that any DNA evidence gathered during the forensic exam is sent to the Department of Criminal Investigation for processing. Evidence and reports are sent to the local prosecutor's office who decides if it is prosecutable.

The auditor finds the jail in compliance with PREA provision 115.71 (c) based on documentation reviewed and interview conducted. Policy could be enhanced by adding the components of the standard in Policy 606, Prison Rape Elimination Act.

115.71 (d)

JCJ Policy 606, Prison Rape Elimination Act and JCJ General Order II-B 010-1, Collection and Preservation of Evidence at the Scene and Evidence Records requires that when the quality of evidence appears to support criminal prosecution, the agency will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

If necessary, the investigator says that he could conduct compelled interviews.

The auditor finds that the jail is in compliance with PREA provision 115.71 (d)

115.71(e)

The language in JCJ Policy 606, Prison Rape Elimination Act was consistent with the provision. The provision requires that the credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as an offender or staff. An offender who alleges an act of sexual assault/rape, sexual abuse, or sexual harassment is not required to submit to a polygraph or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The investigator stated that they always assume the victim is being honest until proven otherwise. Other interviews are conducted, evidence is examined, video is reviewed and then a determination is made. He said they don't require offenders to submit to a polygraph examination.

The auditor finds the jail in compliance with PREA provision 115.71(e) based on documentation provided and interviews conducted.

115.71 (f)

The language in the JCJ Policy 606, Prison Rape Elimination Act was consistent with the provision. Policy requires that administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The Detective said that when conducting their investigation, they look at what the offender's actions were and what staff's actions were or were not. They review cameras to see if staff conducted proper area checks. During the interview with inmates, the investigator asks when the offender reported an alleged incident to staff and who they reported the incident to. The investigator said that all reports are submitted to the Sheriff and the Jail Captain/PREA Coordinator. There have been no cases within the past 12 months involving substantiated allegations.

The auditor finds the jail in compliance with the PREA provision 115.71 (f) based on documentation provided and interviews conducted.

115.71 (g)

The language in the JCJ Policy 606, Prison Rape Elimination Act was consistent with the provision. The detective explained that all reports regarding the interviews he conducts, evidence and staff reports are submitted in the Sheriff and the Jail Captain/PREA Coordinator. Reports were reviewed and included descriptions (if any were necessary) of physical evidence, testimony, video evidence and any other documentary evidence.

The auditor finds the jail in compliance of PREA provision 115.71 (g) based on documentation provided and interview conducted.

115.71 (h)

The language in the JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges.

The facility did not have any substantiated allegation cases within the last 12 months.

The auditor finds the jail in compliance of PREA provision 115.71 (h) based on documentation provided and interviews conducted.

115.71 (i)

In accordance with the JCJ Policy 606, Prison Rape Elimination Act, all written reports from administrative and criminal investigations pursuant to this policy (PREA) for as long as the alleged abuser is held or employed by the Office, plus five years. Investigative reports were reviewed from years past that indicate compliance with this standard.

The auditor finds the jail in compliance of PREA provision 115.71 (i) based on documentation provided and reviewed.

115.71 (j)

This provision requires that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. JCJ Policy 606, Prison Rape Elimination Act is consistent with this provision. The detective said that the investigation continues regardless.

The auditor finds the jail in compliance of PREA provision 115.71 (j) based on documentation provided and interview conducted.

115.71 (k)

The auditor is not required to audit this provision.

115.71 (l)

This standard is not applicable to the facility because an outside agency does not conduct sexual abuse allegations.

Corrective Action:

1. None

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (p. 9), Draft 05/01/19
2. Interviews:
 - a. Investigative Staff
3. Onsite Observation Reviews:
 - a. None

Findings:

115.72 (a)

The JCJ Policy 606, Prison Rape Elimination Act contains language consistent with the standard. The Jail Captain/PREA Coordinator and the Sheriff review the investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by a preponderance of evidence. The investigator stated that he uses the preponderance of evidence when he is deciding if substantiation of sexual abuse, sexual assault or sexual harassment. He looks at evidence, interviews, videos, and any other written documents when deciding if allegations can be substantiated.

The auditor finds the jail in compliance with PREA provision 115.72(a) based on documentation reviewed and interview conducted.

Corrective Action:

1. None

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (p. 9), Draft 05/01/19
2. Interviews:
 - a. Jail Captain/PREA Coordinator
 - b. Investigative staff
 - c. Inmate who reported sexual abuse
3. Onsite Observation Reviews:

a. None

Findings:

115.73 (a)

The CJC Policy 606, Prison Rape Elimination Act, explains that the Jail Administrator or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. Policy also states that the inmate should sign a copy of a notification letter and the letter is added to the case file. Examples of the newly created notification letter were provided with an investigation packet.

A spreadsheet of PREA related incidents was initially provided, as were investigation packets. Although the spreadsheet indicates that one inmate was informed of the findings in writing, there is no notification letter or other written notification shared with the auditor. A notification form was created during the CAP. Examples were provided indicating what the results of the allegations were with an inmate signature line indicating the inmate was notified of the results.

Offenders who reported sexual abuse were interviewed. The inmate's allegations were actually sexual harassment and not sexual abuse. He did not recall receiving any written notification about the investigation but was told by the Captain.

The auditor finds the jail in compliance with PREA provision 115.73 (a) based on documentation provided and interviews conducted.

115.73 (b)

This standard is not applicable to the jail because an outside agency does not conduct sexual abuse allegations.

115.73 (c)

The language found in JCJ Policy 606; Prison Rape Elimination Act is consistent with the provision. If a staff member is the accused (unless it has been determined that the allegation is unfounded), the inmate shall also be informed whenever (a) the staff member is no longer assigned to the inmate's unit or employed at the facility; (b) The office learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.

There were no incidents of a substantiated case that could be reviewed. If there were founded complaints, written documentation should be provided to the inmate.

The auditor finds the jail in compliance with the PREA provision 115.73 (c) based on documentation provided.

115.73 (d)

The language found in JCJ Policy 606, Prison Rape Elimination Act, is consistent with the provision. The policy requires that the alleged inmate victim shall be notified whenever the office learns that the alleged abuser (if another inmate is the accused) has been indicted or convicted on a charge related to sexual abuse within the facility.

The facility reported that there was no offender on offender allegations that were substantiated on the Johnson County Jail Investigation form. Thus, there was no need to notify an offender victim.

The auditor finds the jail in compliance with the PREA provision 115.73 (d) based on documentation provided.

115.73 (e)

The language found in JCJ Policy 606, Prison Rape Elimination Act, is consistent with the provision. There have been no substantiated cases requiring written notification. When/if there is a case requiring notification, the facility will need to document that they provided written documentation to the victim. This can be accomplished on a similar spreadsheet that is maintained now but copies of the written notification should also be retained to indicate a complete investigation packet.

The auditor finds the jail in compliance with the PREA provision 115.73 (e) based on documentation provided.

115.73(f)

The auditor is not required to audit this provision.

Corrective Action:

1. None

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (p. 9), Draft 05/01/19
2. Interviews:
 - a. None
3. Onsite Observation Reviews:
 - a. None

Findings:**115.76 (a)**

The JCJ Policy 606, Prison rape Elimination Act indicates that staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy.

The auditor received the PREA investigation information and the PAQ. The facility provided a list of investigations for the past 12 months. There were no substantiate criminal or administrative investigations involving staff on the list.

The auditor finds the jail in compliance with PREA provision 115.76 (a) based on documentation provided.

115.76(b)

In the past 12 months, the facility has not had any staff from the facility who violated agency sexual abuse or sexual harassment that were terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. Policy indicates that termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse.

The auditor finds the jail in compliance with PREA provision 115.76 (b) based on documentation provided that indicated no such situations have occurred at the facility.

115.76 (c)

The language in JCJ Policy 606, Prison Rape Elimination Act, is consistent with the provision. The policy requires that all discipline will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. The facility reported on the PAQ that there were no employees disciplined for violating agency sexual abuse or sexual harassment policies in the past 12 months. There were no substantiated administrative or criminal cases, thus no disciplinary documentation to review.

The auditor finds the jail in compliance with PREA provision 115.76(c) based on documentation provided.

115.76(d)

The language in JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. The facility reported on the PAQ that no employees had been reported to law enforcement or licensing boards following their termination in the past 12 months. The facility has not had any substantiated administrative or criminal sexual abuse cases in the last 12 months.

The auditor finds the jail in compliance with PREA provision 115.76(d) based on documentation provided.

Corrective Action:

1. None

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (p. 10), draft05/01/19
2. Interviews:
 - a. Jail Captain/PREA Coordinator

3. Onsite Observation Reviews:
a. None

Findings:

115.77 (a)

The language in JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. The jail reported on the PAQ that no contractor or volunteer was reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of offenders. A review of the administrative and criminal sexual abuse allegations was conducted and no volunteers or contractors were on the list. There was no referral or licensing board reporting documentation to be reviewed by the auditor.

The auditor finds the jail in compliance with the PREA provision 115.77(a) based on documentation provided.

115.77(b)

The language in JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. The Jail Captain/PREA Coordinator was interviewed and stated that if a contractor or volunteer violates the facility's PREA procedures, they would immediately be removed from the facility and be prohibited from having future contact with inmates.

The auditor finds the jail in compliance with the PREA provision 115.77(b) based on documentation and the interview conducted.

Corrective Action:

1. None

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 600, Inmate Discipline, (pp. 5-7) Draft 05/01/19
 - b. JCJ General Order III-F 400-1, Sexual Misconduct Policy
2. Interviews:
 - a. Jail Captain/PREA Coordinator
 - b. Medical and Mental Health staff
3. Onsite Observation Reviews:
 - a. None

Findings:

115.78(a)

The language in the JCJ Policy 600, Inmate Discipline, was consistent with the provision.

On the PAQ, the facility reported that they did not have any administrative findings of inmate-on-inmate sexual abuse or criminal findings of guilt for inmate-on-inmate sexual abuse that occurred in the facility.

The auditor finds the jail in compliance of PREA provision 115.78 (a) based on documentation provided.

115.78(b)

The language in JCJ Policy 600, Inmate Discipline, was consistent with the provision.

During the interview with the Jail Captain/PREA Coordinator, he explained that discipline is determined on the offense that the hearing officer finds the offender guilty of. Each charge has a maximum sanction so the hearing staff will look at offender history, the seriousness of the offense and sanctions imposed for comparable violations by other offenders with similar disciplinary histories.

The auditor finds the jail in compliance with PREA provision 115.78(b) based on documentation provided and interview conducted.

115.78(c)

The language in JCJ Policy 600, Inmate Discipline, was consistent with the provision.

The Jail Captain/PREA Coordinator stated that if an individual had significant mental health issues or had mental disabilities it would be considered if that contributed to their behavior.

The auditor finds the jail in compliance with PREA provision 115.78(c) based on documentation provided and interview conducted.

115.78(d)

The language in JCJ Policy 600, Inmate Discipline, was consistent with the provision. The Jail Alternatives staff that was interviewed indicated that JCJ does not have any sex offender specific training. She conducts one on one counseling and makes referrals to outside agencies if she believes more intense programming is necessary.

The auditor finds the jail in compliance with PREA provision 115.78(d) based on documentation provided and interview conducted.

115.78(e)

The language in JCJ Policy 600, Inmate Discipline, was consistent with the provision. The facility reported they did not have any instances where disciplinary actions were taken against an offender for sexual conduct with staff.

The auditor finds the jail in compliance with PREA provision 115.78(e) based on documentation provided.

115.78 (f)

The language in JCJ Policy 600, Inmate Discipline, was consistent with the provision. The policy indicates that no inmate may be disciplined for falsely reporting sexual abuse, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred.

The auditor finds the jail in compliance with PREA provision 115.78(f) based on documentation provided.

115.78(g)

The language in JCJ Policy 600, Inmate Discipline indicates that discipline may be imposed for sexual activity between inmates. However, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced.

The auditor finds the jail in compliance with PREA provision 115.78(g) based on documentation provided.

Corrective Action:

1. None

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☐ Yes ☐ No ☒ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (pp.7-8), Draft 05/01/19
 - b. JCJ Policy 701, Initial Screening and Evaluations, (pp. 1-2), Draft 05/01/19
 - c. JCJ General Order III-F 400-1, Sexual Misconduct, (p. 9), 05/06/14
2. Interviews:
 - a. Inmates who disclose sexual victimization at risk screening
 - b. Staff responsible for risk screening
 - c. Medical and Mental Health staff
3. Onsite Observation Reviews:
 - a. Auditor noted the offender screening documentation was electronically maintained

Findings:

115.81 (a)

The language in the JCJ General Order III-F 400-1, Sexual Misconduct and JCJ Policy 701, Inmate Screening and Evaluations was consistent with the provision.

When an individual reported prior victimization during intake screening, the facility only asked the inmate if they wanted to speak with Mental Health staff about their experience. The inmate was not offered a follow up meeting with a Medical practitioner. Since the onsite visit, staff were advised to begin offering Medical follow up to those inmates who reported prior victimization.

Staff who perform screening for risk of victimization and abusiveness was interviewed. They reported a follow up meeting with mental health is offered to offenders whose screening indicates they experienced prior sexual victimization in an institutional setting or in the community. These staff have since been advised to offer a follow up meeting with Medical staff as well.

There were no inmates at the facility during the onsite visit that disclosed prior victimization.

The auditor finds the jail in compliance with PREA provision 115.81(a) based on documentation provided and interviews conducted.

115.81(b)

This provision states, "if the screening pursuant to PREA provision 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow up meeting with a mental health practitioner within 14 days of the intake screening. Since the facility is a jail, the auditor is not required to assess this provision."

115.81(c)

The language in the JCJ General Order III-F 400-1, Sexual Misconduct and JCJ Policy 701, Inmate Screening and Evaluations was consistent with the provision. Medical and Mental health staff would receive written notification that an inmate has requested to be seen as follow up for prior victimization. Individuals referred to Medical or Mental health staff would have an entry made in their medical chart or contact notes.

Staff who perform screening for risk of victimization and abusiveness was interviewed. They reported a follow up meeting with mental health is offered to inmates whose screening indicates they experienced prior sexual victimization in an institutional setting or in the community. There were no inmates at the facility during the onsite visit that disclosed prior victimization.

The auditor finds the jail in compliance with PREA provision 115.81(c) based on documentation provided and interviews conducted.

115.81(d)

The language in the JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. The policy requires that medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform jail staff about security or management decisions. These decisions include housing and bed assignments. These records are maintained electronically with access based on professional need.

The auditor finds the jail in compliance with PREA provision 115.81(d) based on documentation provided and interviews conducted.

115.81(e)

The language in the JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. Medical services staff or mental health staff shall obtain informed consent from The inmates before reporting information to jail staff about prior sexual victimization that occurred somewhere other than an institutional setting, unless the inmate is under the age of 18. Medical and mental health staff were interviewed. Both stated that they obtain informed consent from an offender before reporting about prior sexual victimization that did not occur in an institutional setting. The jail does not house offenders under the age of 18, therefore that portion of the standard does not apply.

The auditor finds the jail in compliance with PREA provision 115.81(e) based on interviews conducted and documentation provided.

Corrective action:

1. None

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (pp. 6-8), Draft 05/01/19
 - b. JCJ Policy 1003, Counseling Services, (p. 1) Draft 05/01/19
2. Interviews:
 - a. Medical and Mental Health Staff
 - b. Offenders who reported sexual abuse
 - c. Security staff who have acted as first responders
3. Onsite Observation Reviews:
 - a. None

Findings:

115.82 (a)

The language in JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. The policy states that medical assistance will be requested and if there are no qualified Medical or Mental Health staff on duty, first responders will take preliminary steps to protect the victim and immediately notify the appropriate qualified Medical and Mental Health staff. Inmates who are victims of sexual abuse shall be transported to the nearest appropriate location for treatment of injuries and collection of evidence and for crisis intervention services. When staff notify Medical or Mental Health staff, they notate the time contacted on the checklist.

During interviews, staff reported that an inmate would be taken to the nearest University of Iowa Hospital and Clinics location for treatment. Medical and crisis intervention staff at the hospital would determine the nature and scope of services provided to the inmate. The inmate's medical file would then be in the hospital's record system that the Physician's Assistant at JCJ would be able to access for follow up care.

There were no inmates over the past 12 months that required emergency medical treatment or crisis intervention services.

The auditor finds the jail in compliance of PREA provision 115.82(a) based on documentation provided and interviews conducted.

115.82(b)

The language in JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. The policy states that medical assistance will be requested and if there are no qualified Medical or Mental Health staff on duty, first responders will take preliminary steps to protect the victim and immediately notify the appropriate qualified Medical and Mental Health staff.

Interviews with security first responders revealed that they would separate the alleged victim from the alleged abuser, make sure the scene was secured for evidence collection and notify the supervisor on duty. The supervisor on duty is responsible for completing the checklist, which includes notifying the Jail Alternatives staff and the PREA Captain as well as Medical and Mental Health staff. A copy of the checklist was provided for this auditor to review.

The auditor finds the jail in compliance with PREA provision 115.82 (b) based on documentation provided and interviews conducted.

115.82(c)

The language in JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. The policy states victims are offered timely information about, and given access to, emergency contraception, prophylaxis for sexually transmitted infections and follow up treatment for sexually transmitted diseases.

SAFE/SANE Medical staff were interviewed and they confirmed victims of sexual abuse are offered the timely information about and access to sexually transmitted infection prophylaxis.

The auditor finds the jail in compliance of PREA provision 115.82(c) based on interviews conducted and documentation provided.

115.82 (d)

The language in JCJ Policy 606, Prison Rape Elimination Act was consistent with the provision. The policy requires that treatment services be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The auditor finds the jail in compliance of PREA provision 115.82(d) based on documentation provided.

Corrective Action:

1. None

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (pp.7-8), Draft 05/01/19
 - b. JCJ Policy 1003, Counseling Services, (p. 1), Draft 05/01/19
2. Interviews:
 - a. Medical and Mental Health Staff
 - b. Offenders who reported sexual abuse (None at jail during onsite)
3. Onsite Observation Reviews:
 - a. None.

Findings:

115.83 (a)

The language in JCJ 606, Prison Rape Elimination Act, CDOC, was consistent with the provision. The provision requires the facility to offer medical and mental health evaluations and as appropriate, treatment to all inmates who have been victimized by sexual abuse. JCJ has not had any incidents of sexual abuse in the past 12 months.

The auditor finds the jail in compliance of PREA provision 115.83(a) based on documentation provided.

115.83(b)

The language in JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. Medical staff were interviewed and asked what did the evaluation and treatment consist of and they informed if they were at the jail when the assault occurred, that they conduct an initial assessment/physical exam, if necessary, would refer to outside medical services at University of Iowa Hospital and Clinics to have a forensic exam conducted. The Jail Alternatives staff

would also be contacted. If follow up is necessary they note that in the electronic record and the inmate is advised they can seek follow up treatment even after they are released from the jail if necessary. Jail Alternatives staff reported that they will check the offender for their current mental health status and conduct an evaluation.

The auditor finds the jail in compliance of PREA provision 115.83(b) based on interviews conducted and documentation provided.

115.83 (c)

The language in JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. The Medical staff and Jail Alternatives staff all reported the services they were providing were consistent with the community level of care.

There have been no incidents of sexual abuse reported the last 12 months.

The auditor finds the jail in compliance of PREA provision 115.83(c) based on the documentation provided.

115.83 (d)

This provision requires female victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The language in JCJ Policy 606, Prison Rape Elimination Act is consistent with the provision.

There have been no incidents of female inmates being victims of sexually abusive vaginal penetration in the past 12 months.

The auditor finds the jail in compliance of PREA provision 115.83 (d) based on documentation provided.

115.83 (e)

The language in JCJ Policy 606, Prison Rape Elimination Act, is consistent with the provision. If pregnancy results from the vaginal penetration, victims shall receive comprehensive information about, and access to, all lawfully pregnancy-related medical services in a timely manner.

The auditor finds the jail in compliance of PREA provision 115.83(e) based on documentation provided.

115.83 (f)

The language in JCJ Policy 606, Prison Rape Elimination Act was consistent with the provision. The provision requires that inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

There have been no incidents of sexual abuse reported the last 12 months.

The auditor finds the jail in compliance of PREA provision 115.83(f) based on the documentation provided.

115.83 (g)

The language in JCJ Policy 606, Prison Rape Elimination Act was consistent with the provision. The provision requires treatment services be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

There have been no incidents of sexual abuse reported the last 12 months.

The auditor finds the jail in compliance of PREA provision 115.83(g) based on the documentation provided.

115.83 (h)

This provision does not apply as the facility is a jail.

Corrective Action:

1. None

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (pp10-11) Daft 05/01/19

2. Interviews:
 - a. Agency Head designee
 - b. Jail Captain/PREA Coordinator
3. Onsite Observation Reviews:
 - a. The auditor review of investigations conducted in the last 12 months did not indicate any incidents of sexual abuse.

Findings:

115.86 (a)

The language in JCJ 606, Prison Rape Elimination Act, CDOC, was consistent with the provision. The provision requires an incident review shall be conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded.

The facility reported that there have been no incidents of sexual abuse in the past 12 months.

A blank example packet was provided that included all provisions of an incident review. The PREA Coordinator explained that if an actual incident occurred that required an incident review one would be conducted utilizing the packet provided.

The auditor finds the jail in compliance of PREA provision 115.86(a) based on interviews conducted and documentation provided.

115.86 (b)

The language in JCJ 606, Prison Rape Elimination Act, CDOC, was consistent with the provision. The provision requires the review be conducted within 30 days of the conclusion of the investigation.

The facility reported that there have been no incidents of sexual abuse in the past 12 months.

The Incident Review packet documents the date of the incident, timeline of the incident investigation and the date the review was conducted. The auditor is confident that the staff understand how the review should take place as they were able to explain the steps of the review.

The auditor finds the jail in compliance of PREA provision 115.86(b) based on interviews conducted and documentation provided.

115.86 (c)

The language in JCJ 606, Prison Rape Elimination Act, CDOC, was consistent with the provision. The provision requires that the review team shall include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners.

The facility reported that there have been no incidents of sexual abuse in the past 12 months.

During interviews with staff, the PREA Coordinator, Jail Administrator, Shift Supervisor and a medical staff member would be present for the review.

The auditor finds the jail in compliance of PREA provision 115.6(c) based on the documentation provided.

115.86 (d)

The language in JCJ 606, Prison Rape Elimination Act, CDOC, was consistent with the provision. The provision requires that the review team consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the Sheriff and PREA Coordinator.

The facility reported that there have been no incidents of sexual abuse in the past 12 months.

Staff reported that the language in the policy would be utilized while completing the Incident review. The document utilized for the review contains language that would capture all required information.

The auditor finds the jail in compliance of PREA provision 115.86(d) based on interviews conducted and documentation provided.

115.86 (e)

The language in JCJ 606, Prison Rape Elimination Act, CDOC, was consistent with the provision. The provision requires that the facility implement the recommendations for improvement, or shall document its reasons for not doing so.

The facility reported that there have been no incidents of sexual abuse in the past 12 months.

The document utilized to conduct the incident review includes a section of recommendations for improvement.

The auditor finds the jail in compliance of PREA provision 115.86(e) based on interviews conducted and documentation provided.

Corrective Action:

1. None

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (pp. 2-4), Draft 05/01/19
2. Interviews:
 - a. Agency Head designee
 - b. Warden
3. Onsite Observation Reviews:
 - a. The auditor did not observe any aggregated data during the onsite audit.

Findings:

115.87(a)(c)

The language in JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. The policy requires that the agency establish a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all of the questions from the most recent version of the Survey of Sexual Violence conducted by the US DOJ.

Documentation was provided that documented sexual violence statistics annually since 2015. The information provided tracks inmate on inmate nonconsensual sexual acts, inmate on inmate abusive sexual contacts, staff on inmate sexual misconduct, staff on inmate sexual misconduct, staff on inmate sexual harassment and inmate on inmate sexual harassment. The information tracked if the allegations were substantiated, unsubstantiated, unfounded and founded.

The auditor finds the jail in compliance of PREA provision 115.87(a)(c) based on interviews conducted and documentation provided.

115.87(b)

The language in JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. The policy requires that the data shall be aggregated at least annually.

The auditor finds the jail in compliance of PREA provision 115.87(b) based on documentation provided.

Documentation was provided that documented sexual violence statistics annually since 2015. The information provided tracks inmate on inmate nonconsensual sexual acts, inmate on inmate abusive sexual contacts, staff on inmate sexual misconduct, staff on inmate sexual misconduct, staff on inmate sexual harassment and inmate on inmate sexual harassment. The information tracked if the allegations were substantiated, unsubstantiated, unfounded and founded.

115.87(d)

The language in JCJ Policy 606, Prison Rape Elimination Act, does not contain any language regarding this provision but has been maintaining, reviewing and collecting all of the required data, and aggregating the data annually.

The auditor finds the jail in compliance of PREA provision 115.87(d) based on documentation provided.

115.87(e)

The language in JCJ Policy 606, Prison Rape Elimination Act, does not contain any language regarding this provision. Based on prior information provided, there is an MOU in place with Muscatine County for the confinement of inmates from Johnson County Jail. Although the information was not shared between facilities prior to the onsite audit, it has since been shared and provided to this auditor and submitted to the IT Department for placement on the jail website.

The auditor finds the jail in compliance of PREA provision 115.87(e) based on documentation provided.

115.87(f)

The language in JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. The policy requires that upon request, the office shall provide all such data from the previous calendar year to the US Department of Justice (DOJ) no later than June 30. The PREA Coordinator shared that data had been shared with the DOJ in the Survey of Sexual Violence Survey.

The auditor finds the jail in compliance of PREA provision 115.87(f) based on documentation provided.

Corrective Action:

1. None

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (p. 11), Draft 05/01/19
2. Interviews:
 - a. Agency Head designee
 - b. Jail Captain/PREA Coordinator
3. Onsite Observation Reviews:
 - a. While onsite, the auditor reviewed the website with the Jail Captain/PREA Coordinator in an effort to find the PREA Annual Report.

Findings:

115.88 (a)

The language in JCJ Policy 606, Prison Rape Elimination Act, was consistent with the provision. The policy requires that the office should conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices and training by: identifying problem areas; identifying corrective actions taken; recommending corrective actions; comparing current annual data and corrective actions with those from prior years; assessing the office's progress in addressing sexual abuse.

The annual report was provided and included all the provisions of the standard.

The auditor finds the jail in compliance of PREA provision 115.88(a) based on interviews conducted and documentation provided.

115.88(b)

The language in JCJ Policy 606, Prison Rape Elimination Act, is consistent with the provision. The policy requires the jail to compare current annual data and corrective actions with those from prior years and also assess the office's progress in addressing sexual abuse. The Annual PREA Report contained information to meet the standard.

The auditor finds the jail in compliance of PREA provision 115.88(a) based on documentation provided.

115.88(c)

The language in the JCJ Policy, Prison Rape Elimination Act, indicates that the reports should be approved by the Jail Administrator and made available through the office website. The Jail Administrator and the Sheriff review and approve the annual report.

The auditor finds the jail in compliance of PREA provision 115.88(a) based on documentation provided.

115.88(d)

The language in the JCJ Policy, Prison Rape Elimination Act, is consistent with the provision. The policy indicates that material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. The nature of the redacted material is described.

The auditor finds the jail in compliance of PREA provision 115.88(a) based on documentation provided.

Corrective Action:

1. None

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. JCJ Policy 606, Prison Rape Elimination Act, (p.12), Draft 05/01/19
2. Interviews:
 - a. Agency Head designee
 - b. Jail Administrator/ PREA Coordinator
3. Onsite Observation Reviews:
 - a. None

Findings:

115.89(a)

The language in the JCJ Policy, Prison Rape Elimination Act, indicates data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local laws requires otherwise.

The auditor finds the jail in compliance of PREA provision 115.89(a) based on documentation provided.

115.89(b)

The language in the JCJ Policy, Prison Rape Elimination Act, is consistent with the provision. The policy indicates all aggregated sexual abuse data from Johnson County Sheriff's Office facilities and private facilities with which it contracts shall be made available to the public at least annually through the office website.

The JCJ does not contract with any private facilities.

The auditor finds the jail in compliance of PREA provision 115.89(b) based on documentation provided

115.89(c)

The language in the JCJ Policy, Prison Rape Elimination Act, is consistent with the provision. The policy indicates that before making aggregate sexual abuse data publicly available, all personal identifiers shall be removed, to which it was.

The auditor finds the jail in compliance of PREA provision 115.89(c) based on documentation provided.

115.89(d)

The language in the JCJ Policy, Prison Rape Elimination Act, is consistent with the provision. The policy indicates that all case records and reports associated with a claim of sexual abuse and sexual harassment are retained in accordance with confidentiality laws and all other data collected pursuant to this policy (PREA Policy 606), shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise.

The auditor finds the jail in compliance of PREA provision 115.89(d) based on documentation provided

Corrective Action:

1. None

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☒ No ☐ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Johnson County Jail was previously audited January 19-21, 2016. The auditor was provided access to observe all areas of the facility and access to any staff member or inmate requested. A private setting was provided for all interviews conducted. Inmates were able to be escorted to and from the interviewing location. Facility staff were also very polite and professional. They were open during the formal and informal interviews that were conducted. Interviews with staff were conducted in an organized manner and staff reported on a timely

basis when requested. There were ample numbers of audit notifications throughout the facility that provided inmates an opportunity to send confidential letters to the auditor. The auditor did not receive any letters prior to the audit and did not receive any after the onsite audit was completed. The auditor finds the facility in compliance with this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The last final PREA audit report was July 2016. The current PREA Coordinator was recently promoted to his position and does not know any of the history regarding the previous information not being on the website but has taken the steps with the IT Department to have it added. All required data and reports were found on the Johnson County website.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Trish Bernhards

01/10/2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.